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EDITED BY

N. S. DAVIS, M.D.

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THE CHICAGO MEDICAL EXAMINER.

N. S. DAVIS, M.D., EDITOR.

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Original Contributions.

ARTICLE I.

CHRONIC INFLAMMATION OF THE OS AND CERVIX UTERI.

By NOBLE HOLTON, M.D., Buda, Ill.

It is not uncommon for us to be called to see ladies, who are out of health, and not confined to their beds constantly, and yet suffer to such an extent as to make them say, oftentimes, that they wish they could be relieved, even by death. They are hardly able to give expression to their feelings, or to give any symptoms, or aggregation of symptoms, that would account rationally for their feelings. By careful investigation, however, we can draw out a rational and connected history, pointing to the uterus, as the organ primarily at fault. The digestive organs are as soon noticed to be in an abnormal condition, perhaps, as any other. This is not at all surprising; for the physiological condition known as pregnancy produces remarkable effects on the digestive organs, and is not a disease at all, but does it through sympathetic nervous action. Anorexia, flatulency, constipation, gastralgia, and sometimes nausea, with loathing of food, are some of the symptoms in connection with the digestive organs.

These symptoms vary in degree, from the slightest functional

disturbance to the greatest intensity; and just in proportion to the violence of these symptoms will be the chlorotic or anæmic condition of the patient. Constipation is an early and very damaging symptom, for it is not only a source of irritation, by its proximity to the uterus, but, by the straining necessary to evacuate the bowels, when loaded with hardened feces, the effort forces the os uteri against the distended rectum, thus greatly increasing the disease of the uterus.

Some ladies describe the pain of such action of the bowels to be about as bad as labor at full time. Under this condition of the bowels, the womb is forced down and its ligaments stretched out, each time the bowels are emptied, till they become relaxed to such an extent as to allow the os to rest against the rectum constantly.

The resulting irritation soon sets up or increases the inflammation, thus increasing its weight, and the weight increasing the prolapsus, and the prolapsus increasing the constipation, by mechanical obstruction.

Constipation is quite a constant symptom in chronic inflammation of the os and cervix uteri, and generally depends upon want of tone in the muscular structure of the bowels; but occasionally the inflammation extends to the mucous membrane of the bowels, to a sufficient extent to produce a mucous diarrhœa, from irritation, or, otherwise, to alternate constipation and diarrhœa, or to cause the formation of tube casts of the rectum, of muco-fibrinous character. All these conditions are accompanied with tumultuous movement of gas in the bowels and stomach, or with annoying distension or borborigmus, at times. In some cases, particular kinds of food appear to aggravate these symptoms, but in others they have no effect of that kind.

In regard to the nervous symptoms complained of by those suffering from this disease, their "name is legion;" and you must not accuse them of affecting them at will, if they experience a transition from the most extreme suffering and pain, and cramps, to a condition of calmness, or even of hilarity, in a moment. Both conditions are uncontrollable and unaccountable.

Cephalalgia is, like constipation, nearly a constant symptom of endocervicitis; and the occipital pain, of a burning character, is, perhaps, the most constant; but cephalalgia, confined to a particular place on the head, as the summit, or the temple, should direct your investigations to the uterus. Ladies suffering from endocervicitis will often call your attention to the spinal column, and claim they have spinal disease; but the pain at the lower end of the spine is caused by pressure from within, and that in the dorsal region, and through the sides and stomach, from the derangement of the digestive organs and portal circle. These nervous phenomena are often developed in violent hysterical paroxysms. One of these attacks being the occasion of your first call to see these cases, and if the real condition of the uterus is not recognized and treated, you will have repeated calls, on account of the same symptoms, with no lasting benefit resulting from your treatment. If you would relieve yourself of the opprobrium of the "no account doctor" and feel yourself satisfied, and have your patient satisfied likewise, that she was in the way of ultimate recovery, you must pay attention to, and treat, the uterus. Pain in the anterior crural nerve, and, also, in the sciatic nerve, are quite common, and are dependent upon pressure, instead of reflex action or neuralgia. If this mistake is made, and a corresponding treatment carried out, the result will be unfavorable.

Respiration is very curiously affected in this disease, sometimes. A case I have now under treatment has apparent spasm of the diaphragm, so that the respiration is entirely thoracic; and she thinks she will have to stop breathing entirely.

During these spells she has to be in the strongest current of cold air she can find; and then they last from fifteen minutes to an hour. These symptoms, with various irregular and spasmodic action of the respiratory muscles, together with that peculiar feeling of constriction of the throat, as if a ball was raising up in it, are some of the effects of this disease upon respiration.

A lady spoken of by Prof. W. H. Byford, of Chicago, by heaving up the lower part of her chest, made her friends think

she was suffering from violent palpitation; but when asked to hold her breath immediately became contemptuously calm.

At another time, she imitated throbbing of the temples, by sudden contractions of the temporal muscles; and when asked to open her mouth as wide as she could, again subsided. The circulation is often unequal, the extremities being cooler and the head hotter than in health.

In examining one of these patients, some months ago, the tumultuous action of the heart was such that I was afraid of organic disease of that organ; and, upon auscultation, at the same time, having my fingers upon the pulse, at the wrist, some beats of the heart could not be detected, at the wrist. This indicated insufficient valvular force; and for a week I reserved my prognosis, from fear of a fatal result, from lesion of the heart; but when visiting her one day, there were such marked hysterical phenomena that my fears all vanished, and the patient is still alive.

These are some of the prominent symptoms of disease of the uterus, and I have dwelt so long on these general symptoms and sympathetic uterine diseases, that Dr. Hodges' remark, in his work "*Diseases of Women*," is brought forcibly to mind: "That if this all be true, it is a pity a woman has a womb;" yet, as remarked of old, "the half is not told," is as true in reference to the subject under consideration, as it was of Solomon. Of all these symptoms there is no one that may not occur in a person who has a healthy uterus; but when we find an aggregation of these symptoms, they call your attention to the womb as the cause, and if you do not follow up the investigation to an ocular demonstration, as to whether the womb is healthy or not, you will not have done your whole duty. In so doing, you will be able to so direct your efforts to cure, as to be quite certain of results; and this is of importance, as patients do not like to take medicine without some benefit, and it is not pleasant to me to treat a case a long time, and then find a mistaken diagnosis. This brings us to the consideration of the local symptoms, and in doing so, let me say, the local and general symptoms may bear no relation to one-another, in many

cases; for when the general symptoms are violent, the local disease may be slight, and "*vice versa*," according to peculiarity of constitution or temperament.

Leucorrhœa is a strong symptom of uterine, os, and cervical inflammation, and also of ulceration. We do not expect sufficient secretion of mucus, even from a mucous membrane, to inundate the parts and appear externally, and when it does so appear we suspect disease. A male urethra showing a gleet discharge, we say, is an inflamed urethra; and the same may be said of other mucous membranes, the rectum, or the conjunctival mucous membrane. If the leucorrhœal discharge is purulent, or greenish, or yellowish, with fœtor, we conclude ulceration accompanies the inflammation, and is, in a degree, a worse disease. This discharge is known among the ladies as "whites," and appropriately enough too, when it arises simply from inflammation; for as the discharge passes from the womb into the vagina, it is of an albuminous character, and meeting with the acid of the vagina, it is coagulated, and when it appears externally it is of an opaque whiteness, on account of these minute coagula.

When all the acid of the vagina is used up and the discharge continues, it is seen to be a tenacious, glairy mucus; but this should not be mistaken for the vaginal mucus, arising from glandular excitement, that will not discolor the linen, and is a healthy discharge. Quantity of discharge does not correctly indicate extent of disease, for ulcerated surfaces differ in amount, and some secrete none at all, and the rapidity of absorption is different in different cases.

The pains in the illia, loins, groins, and sarscal region are more due to that vague and indescribable condition known as sympathetic than they are to pressure or traction on the uterine ligaments, and easily disappear upon the cure of the inflammation. Hemorrhoids is often caused by the pressure of the uterus, accompanied with constipation upon the hemorrhoidal vessels; and if it has continued a long time will have caused deposition of fibrin or tumors, or other change of structure. The results will not be cured when the uterine inflammation is,

but will require special attention afterwards. Ordinarily the sensation of bearing down is on account of the increased weight of the uterus, from inflammation, and loss of tone of the ligaments of the womb, and is no more complained of when the uterine inflammation is cured. Sometimes it is only apparent, and is accounted for by irritability and exalted sensibility, from inflammation; in others there is real displacement, that may require treatment, after the primary disease is cured.

Menstruation is generally affected by uterine inflammation, but not invariably. It is not regular as to time, it being sometimes delayed, and again more frequent than natural. A case under my care last year had not menstruated for five years, but after four months' treatment they (the menses) were reëstablished. Another case had profuse menstruation at the regular time; and, between the periods, bleeding would occur from the slightest disturbance. The function of reproduction is often suspended in ladies suffering from this disease. One of my patients had been married nine years, and had never been pregnant, but after three months' treatment became so, and has now a living child.

Abortions frequently occur in consequence of it, and inflammation is often caused by forced abortions. It is possible, however, for a woman to get pregnant and bear living children, even if she is suffering from inflammation of the womb; but, commonly, it occasions sterility. Endocervicitis is, indeed, a more common cause of sterility than any other.

It is not supposed that this disease affects labor one way or the other, but the effects upon the *post partum* condition are slow involution, a tedious getting up, a longer continuance of the lochial discharge, and more danger of metritis, phlebitis, and pyæmia.

Some physicians have been in the habit of recommending ladies to marry who were suffering from this disease, and encouraging them in the belief, that if they became pregnant, they would be cured by it. It may be possible pregnancy has cured this disease, but I do not believe it, and would recommend the cure of the disease previous to pregnancy; for sexual

pleasure, indulged in, as it usually is, by newly married people, would not only increase it, but might even produce it.

Some of the causes, besides gross sexual indulgence, are the reading improper books, that keeps up a continual hyperæmia of the sexual organs, till it results in inflammation. Of all the causes, according to my observation, constipation is the worst; and it is strange that so many ladies so utterly neglect this important function, and, by carelessness, contract so bad a habit as to go days, and some of them weeks, and even over a month, without an evacuation of the alimentary canal. I have now under observation a young lady, who has not, on an average, had a movement of the bowels more than once a month, during the last two years, and has gone as long as eight weeks and five days. The same person has been four days and some hours without passing urine, and her menstrual function is irregular. Doubtless she is affected with endocervicitis, but I have never had an opportunity of verifying it by the adequate examination. She is able to be about most of the time, and does not show signs of disorganization sufficient to terminate life soon. Certain kinds of business that make it necessary to be on the feet standing or walking, a long time, are prolific causes of this disease; and, I believe, a pretty constant use of the sewing machine is a cause. Those miserable "Jew devil" appliances, known as abdominal supporters and pessaries are frequent causes. I know of no abdominal supporter but what, by pressure against the abdominal walls, tends to displace the viscera, those below it downwards, and those above it upwards, and, in this way, tend to produce the disease. Use a tight corset and an abdominal supporter, and you have a good combination of causes. If there is any pessary that is worthy of trying at all, it is my opinion Babcock's, and of this I am not prepared to give a verdict, till further proof, but the principle seems to be philosophical. Cold during the menstrual flux, sudden jolts, or severe exercise are causes.

Gonorrhœal vaginitis, by extending to the os and cervix uteri are causes. In regard to prognosis, there appears to be no tendency to a spontaneous cure; and although it may not

be necessarily fatal in itself, it is dangerous about the crisis of life, and, doubtless, many women die at that time, who are suffering from this disease, that would not have died if the endocervicitis had been cured. It may be fatal in inducing other disease, and, at all events, the sufferer will never be well, and, yet, at times will be much worse than at others. If one of these patients is provided with the most favorable hygienic influences, her constitutional symptoms will be improved, but her local disease will not be cured, and she will lapse again into bad health. It is possible, some may get well after the turn of life, but some of the most obstinate cases met with have passed that stage.

The prospect of cure, under appropriate treatment, is exceedingly good, but what particular per cent. of cures, I have no means of knowing.

Cure means the healing of all complaints connected with this inflammation, and not alleviation or cure of part. Those cases of hemorrhoidal tumors, and those of hardened or nodulated os, or any case in which there is deposition of fibrin, may be exceptions, or at least require special treatment. These cases, and those in which the inflammation extends through the cervical canal, will be more intractable to treatment than those where the disease is confined to the os. Endocervicitis cannot be cured in less than from three to twelve months; and it is better to tell our patients this than to have them expect to be cured sooner, and be disappointed. Some of them will begin to feel better pretty soon after treatment is commenced, and others not till it is nearly completed, because some remnants of the disease remain, although in process of cure. For instance, when treating chronic ulcer of the leg, it is seen to be healing, but not healed. Young ladies, as a general thing, will respond to treatment sooner than older ones. Persons who have a hereditary predisposition to insanity will be likely to have it excited by this disease, therefore, it would not be safe to promise too much to this class of persons. In order to be certain of diagnosis, it is necessary to see the parts diseased, and to do this, certain instruments are to be used, and the same instruments will be

useful in the treatment. They are a speculum, which should be quadrivalve and supplied with a director, that can be withdrawn after the introduction. A pair of dressing-forceps, sufficiently long to easily reach the parts under examination, and a flexible uterine probe or sound, and some cotton. It will be advisable to first examine the parts with the first and second finger, for the purpose of ascertaining the situation, the heat, dryness, tenderness, hardness, and general condition of the parts. Directions for the manner in which this should be done, and also in regard to the introduction of the speculum, can be found in the published works on these diseases, for instance, Prof. W. H. Byford's work, "Medical and Surgical Diseases of Women," and others. After the os is fairly in the mouth of the speculum, the appearance of it as to color, size, and form is to be observed; always bearing in mind that when they are healthy, the color is like that of the mouth (the mouth, that is between the jaws, and contains the teeth, tongue, etc.), and when inflamed is redder, and if ulcerated, is still redder than natural. If the examination is not carefully made, and the secretions thoroughly wiped away with the forceps and a little cotton, we may be deceived as to the true condition of the parts; for the secretions are quite tenacious and obscure the real color of the parts. This shows the condition of the os; and if there is secretion oozing from the cervix, inflammation of the cervical canal may be suspected; and the condition should be determined by examination with the probe, as to the size and sensibility. If, in passing the probe through the cervical canal, a sensation of smarting or rawness is produced, there is ulceration; and if it is found to be much enlarged, hardened, or nodulated it has probably been diseased for a long time. You should also observe the condition of the rectum, at this examination, whether it is loaded with fecal matter or inflamed, as also the bladder and urethra, for they are both likely to be diseased, and, if so, should receive our attention.

The os uteri, in a virgin, has a rounded shape, with a circular opening of small size, or a short slit, with no labia, as in the mother; and in old age, the os seems like a hole at the bot-

tom of a *cul-de-sac*. It is expected that the os uteri and vagina will be moistened with secretion, in a normal condition, but if the parts are profusely smeared or inundated with it, there is disease.

Again, if there is pus mixed with the mucus, there is ulceration as well as inflammation; and the more secretion there is the greater the departure from health. After such an examination, and if such symptoms and conditions are seen, we unhesitatingly say, there is inflammation and ulceration, one or both. If the appearance should be such as to leave any chance for doubt, the application of lunar caustic to the suspected part will relieve it, because an inflamed or ulcerated mucous membrane will instantly turn white under the influence of it, whereas a healthy one will not.

The one disease for which this may be mistaken is cancer, in some of its stages; but the characteristics of cancer, now so well-known, must be your guide. In cancer, when in a schirrous condition, the cervix is hard, unequal, and nodulated. Discharge sometimes absent, in others abundant and serous. Pain in cancer sharp and lancinating. Not unfrequently accompanied with hemorrhage, in the ulcerated stage, and adhesions to other parts. Ulcerations, deep and irregular, with hard edges. These are some of the characteristics of cancer.

When we come to estimate the treatment of disease, we meet with the difficulty of properly estimating the amount that should be credited to nature, and that to the remedial agent used. If these cases, when under the most favorable hygienic circumstances, do not get well, without medical treatment, and do get well when remedial means are used, this is satisfactory evidence that our course of treatment has been beneficial. In no kind of cases has there been better evidence of benefit from treatment than in the one under consideration; and I am as thoroughly convinced that constitutional treatment alone is inadequate. Hygienic means, without other aid, will so fail. Do not understand me to say that they (the hygienic and constitutional) are to be neglected, but, by all means, they are to be

secured to the greatest possible extent, and are entitled to credit, to the full amount of benefit they confer. A class of physicians have arrayed themselves against the treatment of endocervicitis, by the local application of caustics; and, I ask, why are they not opposed to the local application of medicine, to granular conjunctivitis, with the same propriety? Why do they not treat the latter disease by constitutional means alone? I suppose they have seen the effects of strong stimulants, in, at first modifying, and then curing, it. All right—so have I, in reference to the treatment of inflammation and ulceration of the womb. We will then make use of all means known to have a favorable effect upon disease, in our course with these cases; and prominent among them shall be local applications, directly to the part diseased, through the agency of the speculum.

A judiciously directed system of exercise, such as riding, walking, or any suitable out-of-door exercise. A well-regulated, nutritious diet; and this should be so directed as to influence the constipation, that so often accompanies this disease. Sexual intercourse must be strictly forbidden, for the irritation consequent upon the act will do more harm than your treatment will do good, subjecting the attendant to failure. There is a particular nervous prostration which occurs in some of these cases, although hæmaturia and nutrition are fairly performed, which will need attention. They will assure you they are so weak they cannot rise from the bed, and that they are ready to commit suicide, and that they know they cannot be cured. It is important that the confidence of such patients is secured, and they be assured that others have been troubled with the same feelings, and are now well, and that she will see all these troubles subside, as she progresses towards cure.

One thing I must say here, in reference to those exceedingly depressing paroxysms of nervousness, often met with in these cases, and that is the effect of cold air. It is truly surprising how soon they will be comfortable if you open all the windows and doors, having the body comfortably covered, and let a draft of cold air pass through the room, clearing it of visitors. The continuance of the cold must be left to the judgment, in each

case; but we should advise them to sleep in a cold room and be much out of doors.

In regard to constipation, something has been said, but much more should be said than I have space for. For the most part, persons become constipated by carelessness and inattention, thus forming an irregular habit; the bowels become distended and weakened, and relaxed, thereby perpetuating the condition. In our directions to such persons, we should impress upon them the necessity of forming a regular habit of evacuating the bowels, at a regular time, and that they should let nothing hinder them from attending to it, and that it is as easy to form a regular habit as an irregular one. All that can be done in this way, or by diet, or exercise, or drink, or by the use of our seedy berries and acid fruits, will be better done than by the use of medicines. The use of purgatives, and, particularly, of the thousand and one pills found in every drug-store, are a prolific cause of constipation, and their use is not only unphilosophical but reprehensible." Yet it will often be found necessary to empty the bowels; and if the fæces are uniformly dry, a saline laxative will be indicated, and of these, the sulphate of magnesia is the best. If it is administered with a little sulphuric acid it will not disappoint you.

It may happen here, in the West, that the portal circle is slow, in which case, two grains of calomel or ten grains of blue-mass, taken at bedtime, and followed in the morning with a saline laxative, will be the best, and may be repeated every five days, till the torpidity is removed. For that kind of constipation, dependent upon a loss of tone in the structure of the bowels, the nux vomica is the remedy "*par excellence*," that will do most good; and as anæmia is a frequent concomitant, in these cases, the nux vomica may be usefully combined with iron. Rhei, as an alimentary tonic, is a valuable laxative, and is not open to the objection that it loses its susceptibility upon the bowels, as so many medicines do. A good combination is the following:—

R _x .	Strychnia,	-----	gr. j.
	Ext. Rhei,	-----	℥ iss.
	Sul. Ferri,	-----	gr. x.

Mix. Make into 16 pills, and give one after each meal, or less frequently, as may be thought best; not forgetting to observe the cumulative effects of the strychnia. Or five grains of pul. nux vomica, and one or two grains of sul. quinia, in the same way; and, at the same time, taking the pyrophosphate of iron, in two grain-doses, three times a day. In plethoric cases, the use of bromide of potassa or ammonia will be found useful in controlling nervous excitability.

We will now consider the local means found useful; and prominent among them are the nitrate of silver, caustic potassa, acid nitrate of mercury, tannin, tinct. iodine, liq. ferri per sulphas, and some other stimulating astringents. There is no doubt, the nitrate of silver will suit, generally, the best of any of them, and is the one usually resorted to first. For a port-caustique, the holder should be flexible, so as to be made to conform to the different curvatures of the cervix; for it will be necessary to reach the whole cervical canal, in case the disease is thus extensive. The piece of caustic should be half an inch in length, of the cylindrical sticks found in the shops; and after introducing the speculum and getting the os uteri nicely in it, the secretions are to be carefully wiped away with the dressing-forceps and a little cotton, and all the inflamed and ulcerated surfaces deliberately touched with caustic. This is to be repeated in from five to seven days, while a vestige of disease is left, except during the menstrual flux. Some cases will bleed upon the slightest disturbance, in which case, the liq. ferri per sulphas may be used on a swab of cotton, to commence with, once in four days, till the tissues are condensed, and then the caustic, to complete the cure. The nitrate may fail, in some cases, or do harm, and have to be abandoned. Why? is not easy always to explain. It may not be strong enough to arouse the capillaries to action, and we be compelled to resort to something more powerful. The caustic potassa is one, and the acid nitrate of mercury is another, that may be tried; and after one

or two applications, a month apart, the nitrate of silver may be again used with benefit.

During the whole treatment, a system of bathing should be carried out, for the purpose of cleanliness, and to reduce the local congestions. The sitz bath, of a temperature agreeable to the patient, can be used, at least twice a day, and three or four times, in some cases, with benefit. A womb bath is also useful. It may be used by having two vessels, one with six or eight quarts of water in it, of a suitable temperature; the water may be thrown into the vagina with an extension syringe, and allowed to run into the empty vessel. These baths wash away the secretions and reduce the inflammation. For the purposes of cleanliness, a general bath should be used, two or three times a week. The water should be tepid at first, and used gradually cooler and cooler, till it is used cold. Astringent injections into the vagina are useful, through the whole treatment. A suitable one is, water, one quart, and alum, one drachm. The length of time which should intervene between these injections will vary somewhat, but should never be repeated till the parts have become uniformly moist, for some hours.

A weak solution of sul. zinc, or copper, or nitrate of silver may be used for a vaginal injection. It will always be advisable to use water to wash away the secretions, before using the medicated injection, so that the astringent may come in contact with the diseased mucous surfaces, in its full strength. It may happen that in using the vaginal injection, with a tube having several perforations, that one of them is opposite the mouth of the womb, allowing the water to enter the neck and pass along into the uterus. This produces spasmodic pain in the womb, perhaps, for the purpose of expelling it; and these pains extend to the back, the person's extremities become cold, with sickness of stomach, making quite an alarming array of symptoms.

Such symptoms will readily subside if an opiate is given and hot fomentations applied to the abdomen. During treatment with the nitrate of silver, the os and cervix contracts, so as to prevent the free discharge of the menstrual or other secretions, thereby causing pain. Bougies may be used to dilate the cer-

vical canal, and they also exert a favorable influence upon the inflammation, by pressure upon the capillaries.

These bougies may be made of gum, or slippery elm, or metal, or sponge. A piece of slippery elm bark, cut two inches long, and of the proper size, having a thread tied to it long enough to reach out externally, may be introduced into the cervix, and allowed to remain 24 hours. This should be repeated every five days, as long as necessary. Medicines can be introduced in this way, if thought best; and the first appropriate case I see, I mean to use, in this way, carbolic acid in glycerine, confidently expecting favorable results from it.

In very aged persons, the nitrate will make them worse, as the inflammation assumes a peculiar character, the granulations being extremely minute, and of a bright scarlet color. The potassa fusa or acid nitrate of mercury applied a few times, at intervals of a month, and then followed by applications of solid sulphate of copper, will be better.

Submucous inflammation, in connection with mucous inflammation and ulceration, is a frequent complication, and deserves some notice. If there is unusual tenderness, upon pressure with the probe or finger, of the cervix, and if heat and swelling accompanies the tenderness, the submucous inflammation will require separate attention. If there is not much tenderness or swelling, it will subside when the mucous inflammation is cured, by the means formerly indicated. The special means used for the submucous inflammation are, leeches, alteratives of calomel, followed by sul. magnesia or Seidlitz powders; and if leeches are not at hand, scarifications may be substituted for them.

These means, together with the thorough use of the sitz and womb baths, will generally meet your expectations. When I commenced this paper, I designed giving some cases in detail, but it has been drawn out to such unusual length, I forbear. If the course here indicated is thoroughly carried out, the profession will all have detailed cases of cures to relate; for, I am sure the disease, although not disposed to spontaneous cure, can be cured in this way. So confident am I, that when I hear of an apparent failure, I attribute it to lack of thoroughness. In

conclusion, if the members of the Society and the profession are induced to give this class of sufferers a more careful and considerate attention, my object will be gained, and I feel repaid for my trouble.

BUDA, *December 4th, 1869.*

ARTICLE II.

THE ESTABLISHMENT OF A LINE OF IMMOBILITY
IN PLASTIC OPERATIONS.

By DAVID PRINCE, M.D., Jacksonville, Ill.

It is the purpose of this short article to ask the attention of the profession to an element in plastic surgery, first publicly suggested by the writer in a monograph on orthopedic surgery, published by Lindsay & Blackston, in 1866, and repeated at greater length, with an illustrative wood cut, in a Report on Plastics, made to the Illinois State Medical Society, in 1867, and also reprinted as a monograph.

The plan is so simple, that it would seem that it must have been thought of among the first expedients put in practice, but the writer has not been able to find any reference to it anywhere.

The plan is especially applicable in cases of depression and eversion of the lower lip, consequent upon the contraction of cicatrices from burns upon the neck and chest. Much ingenuity has been displayed in attempts to secure the replacing of the lip, so that the unfortunate sufferer might be able to hold his saliva, but the contraction of the cicatricial tissue upon the neck has in almost all cases drawn the lip down again.

The simple expedient adopted by the writer, is to make a curved incision across the neck, far enough below the chin, so that when the flesh is made to slide up in front of the chin, the lip shall be effectually bolstered up. The periosteum along the base of the jaw is scraped off so that the lower edge of the

flap must attach itself to the bone. After this there can be no possibility of any traction upon the lip below.



Fig. 1.—The condition previous to the operation.

The lower lip is drawn down below the level of the shoulders.



Fig. 2.—The condition after the operation.

The lip is completely restored to its proper place and function, though the bridles upon the neck remain.

The accompanying wood cuts, Figures 1 and 2, illustrating a case of extreme eversion of the lip, and its complete restoration, may help to make the explanation more clear. The dotted line indicates the place of incision. The plan was not thought of until after other methods of sustaining the lip had failed.

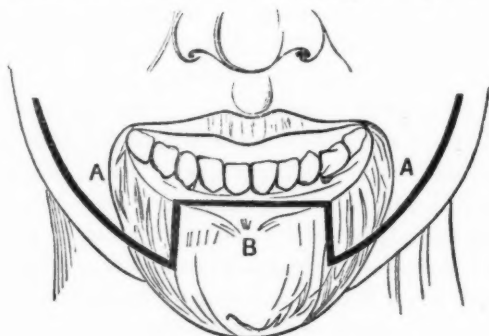


Figure 3.

In order to show how great an advance this simple expedient is upon anything which had preceded it, the next two cuts, Figures 3 and 4 are introduced.

This is Teale's operation for eversion of the lower lip. A new lip is made upon the top of the old one.

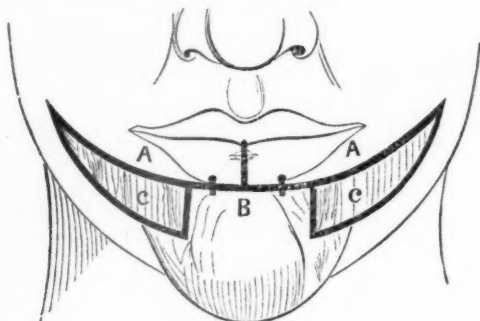


Figure 4.

The heavy black line, A, B, C, shows the place and direction of the incision. The parts above this line are freely dissected up from the bone, and brought together, the vertical lines coming together at the middle line of the new lower lip. The corners of the mouth are extended by Dieffenbach's method, and the spaces C, C, are left to be covered by granulations.

A horrid deformity must always remain; while, by the plan introduced by the writer, no deformity whatever can be seen upon the face, and the bridles upon the neck are not made any worse by the restoration of the lip to its proper position.

The remaining deformities of the neck and chest can be treated by subsequent transplantations of integument. If this treatment for the neck and chest should not be attempted, or if it should be unsuccessful, the most important object, the restoration of the lip will have been accomplished.

This communication might seem unnecessary, and it would be, except for the fact that proper credit has been withheld by high authority. A Boston reviewer of the Report on Plastics, in which the operation was first carefully described, said of the report, in substance, that the portions which were claimed as new were not new, and what were admitted to be old had been better written in books everywhere accessible.

The operation is understood to have been very successfully

repeated in Chicago, in a public institution, without any notice of its origin.

The readers and reviewers of this article will confer a favor upon the writer, by showing that with regard to this operation the Boston reviewer was right.

ARTICLE III.

THE BROMIDES.

By F. K. BAILEY, M.D., Knoxville, Tennessee.

In prefacing a few observations upon the bromides, it may not be amiss to allude to bromine as a therapeutical agent.

It was extensively used as a topical application in hospital gangrene, during the war. In 1863 and 1864, a good many cases came under my care and observation, and nothing could be more obvious than its value in arresting the spread of the morbid influence, and placing the parts in a condition for healing. Pure and undiluted, it did not fail in a single instance, and many an ex-soldier can now attest its virtues, and will also say, that like the rod in the hands of a parent, it caused a smarting "while it made him better."

Of the bromide of sodium I have seen but little in its action upon the animal economy. By some it is more highly esteemed than the bromide of potassium.

The bromide of ammonium I have used somewhat in the last year, and found it very useful in some forms of nervous disturbances. It acts more directly upon the nervous system, and is valuable when stimulation is required. In my practice, during the last two or three years, I have used bromide of potassium very freely. Among the first cases I treated after coming to this city, was that of a lady aged about 35, married, and mother of one child, which died some years ago. I saw her in November, 1867, and found that during the spring previous she had an attack of acute cystitis. After the violence of the symptoms subsided, dysuria followed, continuing all sum-

mer, together with facial neuralgia. When I first saw her she was suffering from chronic inflammation of the mucous coat of the bladder. The urine was alkaline, and was loaded with a thick mucus, which filled sometimes one-half of a vial in which it had been collected. There was severe pain referred to the fundus, besides great irritation along the urethral canal, and at the external meatus. There was also a good deal of pain in the region of the kidneys, caused by sympathy, as well as some local congestion. There was emaciation; some cough, and great depression of spirits. There was a dark, yellowish hue to the skin, and troublesome constipation. Her former medical attendant, who was leaving the city, informed me that he had a short time before commenced the use of bromide potassium, with tonics and mild alteratives. I prescribed as follows:—

Ry.	Bromide of potass.,	-----	ʒiij.
	Fluid ext. stillingia,	} āā -----	ʒss.
	Syr. aurantii cort.,		
	Sulph. Cinchonæ,	-----	ʒj.
	Aqua Cinnamonii,	} āā -----	ʒj.
	Aqua Pura,		

M. F. Mix. Sig. Teaspoonful morning and night.
To take spts. nit. dulc. *pro re nata*.

The above was taken for several weeks, with the alternation at times, of syrup of iodide of iron. During the winter there began to be some improvement. But it was nearly a year before the mucus ceased to be voided. At times, when the urine was most alkaline, the mucus would be most abundant, and the distress in the bladder and dysuria would be aggravated. During the summer of 1868, she became quite comfortable, and took little or no medicine. In the autumn, there were some indications of a relapse, but a return to the bromide, with tonics, soon averted the disease. During the past year she has been scarcely at all troubled, and considers herself cured of cystitis.

During the autumn of 1867, I met with a case of epilepsy, which seemed a favorable one for the trial of the bromide. It was a colored man, of 50 years or more, and possessing more than the ordinary amount of intelligence for one of his race.

He purchased his freedom, and that of his wife, some years before the war, and worked on his own account as a tinner. Up to 1861, he had acquired some property, which, with his prospects for the future, soon vanished as the war began. Poverty and disappointment, consequent upon his reverses, caused a depression of spirits. Being something of a preacher as well as mechanic, in 1865 he began to be particularly interested in measures for the good of his fellow blacks. Mental excitement soon began to increase a former tendency to cerebral disturbance, which culminated in epilepsy, and in the summer of 1867 he had the first fit. He had taken bromide potass. for a short time before I saw him, and I continued its use, together with tonics and laxatives. For a year or more, the disease seemed stayed; but since last spring the fits have come on again, at long intervals, with the lesser symptoms intervening.

In the August number of the *Examiner*, are some cases reported by Salvator Cass, M.D., upon the use of this salt in summer complaint, and I prescribed it for a patient then under my care. It was a female child, 10 months old, that had suffered from difficult dentition for some weeks. Gave one and a-quarter grain, in mucilage, every four hours. Next day called, and found no diarrhœa, and that the child had slept well all night. Scarified the gums, and discharged the little patient as convalescing. I was told that the diarrhœa returned in about a week, but was promptly stopped by a resort to the syrup.

September 5. Called to see a female infant, 10 months old, that had been sick with cholera infantum about eight weeks. The little creature was emaciated, with profuse evacuations every few minutes, attended with nausea and vomiting. The tongue and mucous lining of the mouth were deep red, with intense thirst, and a burning heat of the skin. It had suffered long from tenesmus, and tormina, which were only relieved, as I was told, by injections of tinct. opii. Five or six teeth had already appeared, and more still coming. I prescribed bromide potassii at once, in one and a-quarter grain doses, with syr. aurantii, four times daily, alternated with four drops liq. iodidi ferri. Having been nursed from birth "upon a bottle," I di-

rected undiluted milk, without sugar, as the diet, and to offer it water every time before putting the milk to its mouth. In a few days could be seen a very decided improvement. The diarrhœa and vomiting ceased, and the child could sleep quietly. For the last month she has become quite full in the face, and a few days ago it was necessary to adopt measures to obviate a tendency to constipation.

September 28. Called to see a male infant, 8 months old, that had been sick a month with diarrhœa, and vomiting. It was emaciated, and retained nothing upon the stomach. Its former medical attendant had told the mother that her child must die, and appearances certainly justified such a prognosis. I gave bromide potassii, as in the other cases, with an effect equally apparent. Prescribed, also, iod. iron, brandy punch, and quinine. For the last fortnight has required no medicine, and is doing well.

Another case was that of a female infant, 13 months old. Had diarrhœa in June last, which was arrested by means of calomel and ipecac, followed with quinia. October 7th, it was again taken, with considerable violence, on cutting the first molar teeth. The bromide was given at once, and the disease was controlled. Nothing more was done but to scarify the gums.

In the foregoing cases, not only was the diarrhœa suspended, but there was decided relief to pain, and the little patients would sleep quietly, as though under the influence of opium. I have, also, in a few cases, prescribed the bromide for children who were wakeful and fretful at night, with decidedly good effects.

In one or two cases, I have prescribed the bromide, with fluid ext. valerian, where there were aggravating and seemingly useless pains at the commencement of labor, with good effects.

In one case of asthma, I gave the salt, but its use has not been followed up closely, as the patient is well-nigh cured since leaving the Western Reserve, without any medicine.

As a calmative and hypnotic, it has been used in excessive wakefulness and nervous irritability for some time, and I have frequently given it to adults to cause sleep.

Respecting its *modus operandi* I have but little to say, except that it seems most efficient in cases where *mucous* surfaces are affected, and consequently morbidly sensitive. It acted thus in disease of the mucous coat of the bladder, and the alimentary canal. If it relieves asthma, it will be more effective in that variety caused by the action of fog, and smoke, fumes of various kinds, ipecac, or hay, etc., than in cases of a reflex origin, or of those depending upon disease of the heart, or other thoracic organs.

ARTICLE IV.

REPEATING PRESCRIPTIONS—A REMEDY PROPOSED.

BY THEODORE GRIFFIN, M.D., Chicago.

The prescription repeating abuse has been sufficiently dwelt upon to render it, in all its phases, entirely familiar to every practitioner; so that it is unnecessary to prove the already well-proven fact, that the profession is annually swindled out of many a well-earned dollar, by a universal and persistent resort to this pernicious practice. Our grievances have been well presented, ably and thoroughly discussed, leaving, however, as far as I know, entirely unalluded to, the question of first importance, namely: How shall we remedy this abuse.

It is universally conceded that the patient is not the owner of the written paper prescription, which he conveys to the druggist by direction of the physician, that he may have a remedy for his disease prepared; that, therefore, he has no right to call upon the druggist for its repetition. The prescription is merely the medium of communication between the physician and the druggist who compounds the medicines, and may, when written, be placed in an envelope, sealed up, and addressed to the druggist. It is no more or less than a written communication for facilitating the transaction of business. The patient being merely the bearer of the communication, is not entitled to its use further than especially directed by the physician;

which facts preclude the right of the druggist to repeat it without the order of the physician.

The following proposition is presented for the consideration of physicians and druggists, which I believe will, if adopted and faithfully carried out, remedy, as far as can be, under the prescription system of practice, this evil, which deprives us often of a well-merited reward, that we should receive for treatment which is the fruit of years of study and experience, namely: *Let the physician require that the druggist who compounds medicines according to his written directions, return to his office such written directions as he may weekly receive, at the end of each week; numbering the bottles or packages of the patients, and the prescriptions, as he now does, for future reference, if desirable, by both himself and the physician.* The physician should then keep his prescriptions filed, and at all times ready for reference.

The above is the proposition, and my belief is strong that, if it be faithfully carried out on the part of physician and druggist, it will effectually put a stop to this abuse, and spoil the business of numbers of "specialists," who copy from time to time, and practice with the prescriptions of physicians, for certain diseases, which are found on file at our drug stores; elevate the physician in the estimation of his patient, make his advice more deserving of consideration and respect when received, by necessitating his repetition of it, if valuable, and not detract one *iota* from the income of our brethren of the pestle.

In order to secure unanimity of action, let resolutions embodying this idea—or some other one, for a similar purpose—be adopted by our city medical societies, and given to every druggist and physician in the city, with a request that they co-operate with the profession in the enforcement of the same.

The druggists, with whom it is essential that we sustain friendly relations, will, I believe, accept cordially any proposition, which is just to them, that will do away with this vexed question of repeating physicians' prescriptions.

Correspondence.

HIP DISLOCATIONS.—REPLY OF PROFESSOR BIGELOW TO PROFESSOR GUNN.

MR. EDITOR:—In a pamphlet* which Professor Gunn has somewhat widely distributed in this vicinity, and which has been brought to my notice since I recently returned from abroad, he makes the following remarks:—

“Professor Bigelow does me great injustice in the manner in which he alludes to my writings; on this subject, he says:—

“‘Professor Gunn maintains, in a paper upon this subject, that any untorn or undissected portion of the capsular ligament is capable of producing the signs of hip and shoulder luxations.’”

This is quoted from a part of my paper, intended to do justice to the theories of different writers, upon the questions of muscular and capsular resistance, in hip dislocation.

I trust that Professor Gunn, for whom I entertain great respect, will acquit me of any intentional act of injustice. The above statement was made upon a careful study of his pamphlet, which I first met with several years after my own theory was made public. In now reëxamining Professor Gunn's pamphlet, I see no reason for modifying the statement to which he objects; indeed, his views differ so widely from mine, in respect to the varieties, classification, pathology, and treatment of hip dislocation, and, in fact, as to everything, except the general region of the capsule, concerned in two of seven regular dislocations, that his pamphlet does not strictly require a reply.

Professor Gunn confines himself chiefly to the question of resistance to reduction, in two dislocations, namely, the dorsal and so-called “ischiatric.” It may be observed, however, that

* Luxations of the Hip and Shoulder Joints, and the Agents which Oppose their Reduction. By Moses Gunn, A.M., M.D., Professor of the Principles and Practice of Surgery and Clinical Surgery, in Rush Medical College; formerly Professor of Civil and Military Surgery, in the University of Michigan. Second Edition. Chicago, 1869.

of the two dislocations alluded to, he fails to appreciate the character of what he, in common with previous writers, calls the "ischiatric" luxation, which, in the only case he cites (p. 13), was, as he says, primarily dorsal. If it was primarily dorsal, as alleged, Professor Gunn's remarks really refer, not to two luxations, but only to one, namely, the dorsal; because, as the tendon of the obturator internus must have been ruptured, to allow a change of place from the dorsum to the ischiatic notch, the luxation he calls "ischiatric" had no proper claim to be so designated, but was simply dorsal. But the present communication is addressed only to the question of "injustice" to Professor Gunn.

My paper † embraces a general treatise upon hip luxations, of which seven regular varieties are enumerated, four, at least, being new, and all owing their phenomena, as I believe, chiefly to a single portion of the capsule of the hip, namely, to the ilio-femoral or Y ligament (so called for brevity), in one or both of its branches.

Prof. Gunn, on the other hand, recognizing only the four luxations of previous writers, urges that, in a paper published in 1853, and subsequently incorporated with other papers in a pamphlet which he now republishes, he had already identified the *anterior and inferior portion* of the capsular ligament as a cause of resistance to reduction in the *dorsal* luxation, and in the (erroneously so called) *ischiatric* luxation. But he fails to add, that he similarly identifies, in the same pamphlet, *another and different part* of the capsule as the cause of the resistance, in *other* luxations.

Again, Professor Gunn states, that in the "dorsal" and so-called "ischiatric" luxations (after the posterior and upper half of the capsule is cut away), the *anterior and inferior half* of the capsule binds down the head of the bone, and opposes its reduction (p. 5).

† The Mechanism of Dislocation and Fracture of the Hip. With the Reduction of the Dislocations by the Flexion Method. By Henry J. Bigelow, M.D., Professor of Surgery and Clinical Surgery in the Medical School of Harvard University; Surgeon of the Mass. Gen. Hospital, etc. Philadelphia, 1869.

Professor Gunn here speaks only of two similar and allied luxations—probably only of one—and shows no knowledge of the existence of an ilio-femoral ligament. He also points out, as essential, the resistance of the inferior portion of the capsule, adjoining the obturator foramen, where it is actually thinnest and least capable of resistance to reduction. Indeed, he defines very imperfectly even the “half” of the capsule to which he calls attention. In an account of an experiment in the winter of 1858–59, he says (p. 11), that “the upper and *posterior* half of the capsule was then cut away;” while in reference to other experiments, in 1868–9, he says (p. 18), that “the upper and *outer* portion of the capsular ligament” was removed, at the same time identifying this as “the dissection used in former experiments.”

But I am nevertheless ready to concede that, within these narrow limits, namely, in designating loosely an *anterior capsular resistance in dorsal dislocation*, Professor Gunn is, in the main, correct and deserving of the credit it was my object to accord to him. He goes further, and, as I think, astray.

He directs that, “*in the forward dislocation upon the pubes*, while extension and counter-extension is being made in the usual manner” (*i.e.*, by the old method of longitudinal extension), “the limb should be rotated externally; this,” he says, “relaxes the *posterior and untorn portion* of the ligament” (p. 20).

I think that Professor Gunn will not contend that this *posterior* portion of the capsular ligament, “untorn,” as he says, in the pubic luxation, and, therefore, to be relaxed by a special position of the limb, is identical with the *anterior* portion, which he has repeatedly before pointed out as “untorn,” in the dorsal luxation, and which is to be relaxed, as he states, by a wholly different position of the limb.

It is plain that *two different parts* of the capsule are here referred to by Professor Gunn; and as these two parts manifestly comprehend the whole, these passages alone are sufficient to show that there is no injustice in attributing to him, in the sentence he has quoted, the theory that “*any untorn or un-*

dissected portion of the capsular ligament is capable of producing the signs of hip and shoulder luxations."

But in thus refuting the specific charge of Professor Gunn, I have not spoken of the general drift of his whole pamphlet, the conclusions of which are summed up on its last page, and which still further substantiate my expressed conviction. His theory for both hip and shoulder is, that, when the bone passes to one side of the socket, it tears that side of the capsule, and leaves the rest sound, and that the essential resistance to reduction is due to this remaining sound side. This theory is, indeed, the key-note of Professor Gunn's paper, and upon it he bases his system of reduction. In the dorsal dislocation, for example, of which it almost exclusively treats, he considers that because the head of the bone is found upon the dorsum, it should be reduced through the dorsal laceration, and reiterates (pp. 13, 14, 16, 18, 20), even in italics, the necessity of *adducting* the limb across the other for this purpose. In his only reported case, he accomplishes this (in his own words, "*arte non vi*"), by a Jarvis' adjuster (p. 13). He says (p. 20), "We further lay down the following special rules:—In the luxation upon the dorsum ilii, the patient lying on his back, carry the limb across its fellow, at a point corresponding with the union of the middle with the upper third, rotate inwards, and the pelvis being fixed by an assistant, the head may now be readily drawn into its place;" that is, through the dorsal laceration of the capsule, no matter how inconsiderable this may be. According to my theory, dorsal dislocations are best reduced from below the socket, after the capsular orifice is enlarged, if it is constricted, with the thigh flexed at right angles, to relax the Y ligament, and, sometimes, even finally *abducted*.

"In all dislocations," says Professor Gunn, finally, "place the limb in just the position which characterized it at the moment of escape, and the reduction will then be easily effected" (p. 20); a direction which would prove, I think, sometimes impracticable and sometimes erroneous. Different positions for the different luxations, both of the hip and shoulder, are enumerated in "special" and "general" rules (pp. 19-20); clearly

indicating a belief, that in different luxations, *different parts of the capsule are torn*, and, as a consequence, that *different parts of the capsule remain*, at once essential to the phenomena, and requiring to be relaxed by wholly different positions, in order to reduce the limb.

My meaning would, perhaps, have been more exactly rendered by saying, "Professor Gunn maintains, in a paper upon this subject, that *different* (rather than *any*) untorn or undissected portions of the capsular ligament are the essential agents of resistance in the reduction of hip and shoulder luxations."

This doctrine is wholly opposed to my own, which recognizes the Y ligament as the chief obstacle to reduction, in seven regular dislocations, and directs flexion of the thigh to overcome its resistance.

But upon this point, Professor Gunn, after speaking of the "anterior and inferior portion," or, as he also characterizes it, "half," of the capsular ligament, and its relation to dorsal dislocation, says: "Surely this language includes the so-called Y ligament, unless its author finds also a new location for that structure;" thus claiming, by implication, a knowledge of the pathological functions of the Y ligament. Professor Gunn should remember, that although the greater may, in one sense, include the less, as a block of marble does a statute, yet that there is no sentence or word in his whole pamphlet which alludes to the existence of an ilio-femoral ligament in the capsule. Inasmuch as this ligament is one of the strongest in the body, "thicker than the ligament of the patella or of the tendo-Achillis," § and is only a part of the literally "undissected" (p. 19) half designated by Professor Gunn, as producing the phenomena of dorsal dislocation, it is difficult, in view of this silence, to understand how it could have been in his mind, at the time of writing his pamphlet, or why, in common with all other modern surgical writers and authorities, he should have wholly ignored it in this relation, till after my paper was published.

Since the above was written, my attention has been directed

§ Traité d'Ostéologie, etc., S. P. Soemmering and G. & E. Weber. Paris, 1843. Pp. 323-324.

to a notice in the *Chicago Medical Journal*, (October, 1869, p. 881), reiterating, under the term "unfairness," Professor Gunn's charge of "injustice." The writer says also: "So far as we are able to see, this author (Professor Bigelow) has added nothing to Professor Gunn's exposition on the subject, save only this new name of that portion of the capsular ligament—the anterior and inferior—heretofore known as the ilio-femoral, but which he christens as the Y ligament."

This zealous defender of Professor Gunn obviously possesses one allèged qualification of an impartial critic: he has not read the paper he criticizes. His remarks require notice only so far as they relate to the charge of "unfairness," which, I think, needs no further comment.

HENRY J. BIGELOW.

BOSTON, Nov. 24, 1869.

SVAPNIA.

PROF. N. S. DAVIS, M.D.,

Dear Sir:—Will you excuse me with a few words of explanation with regard to your Report on Drugs and Medicines, made to the Illinois State Medical Society in May last, which only a day or two since came under my observation?

In reference to the disadvantage of svapnia, you say: "*We see no reason why* each physician should not combine morphia, codeia, and narceia, in just such proportions as his patients may need, if there is any advantage to be derived from their combination."

Now, permit me, respectfully, to point out two pretty strong reasons why they cannot, or do not.

1st. In the first place, not one of the constituents of opium, excepting morphia and narcotine, are to be found in the market, and narcotine is well known to possess no anodyne or narcotic property whatever. If the physician cannot get the article how is he to make the combination, no matter how much his desire, or the urgency of his patient's case may be?

2d. I believe Messrs. Morson & Son, of London, and T. &

H. Smith, of Edinburgh, have separated narceaia, codeia, nicotine, and cryptopia, in purity, by which those who are fond of experiments may obtain them for those purposes, but they are precluded from common use in practice, by their extravagant cost. Dr. Hurley informs us that at present four or five tons have yielded only the same number of ounces of cryptopia. Narceaia, I believe, has been sold here, when specially ordered, at 50 to 75 cents per grain. The other principals also in nearly the same proportion.

Dr. Hurley, in his excellent work on the "Old Vegetable Neurotics," discusses the question—which, however, was before decided affirmatively, in the every-day practice of physicians—are there many persons so peculiarly sensitive to nervous impressions that the exhibition of opium and morphia, in ordinary dose, unguarded by controlling medicines or influence, will be productive of distress and danger?

The result of his experiments upon the animal system reveals the fact that the same idiosyncrasy is found to exist in both the horse and the dog.

In his analysis of the effects of the different constituents of opium, he clearly defines the properties of each, and then comes to the conclusion that they are all members of the same family—all having characters in common, but differing greatly, only in degree, in having two opposite properties, to wit: 1st, excitant, which, in excess, runs on to convulsions, and tetanus; 2d, depressant, which, sufficiently intensified, merges in hypnosis, and all in excess end in profound narcotism and death.

Morphia and thebaina are the agents more marked than the other constituents, in the production of these opposite effects; morphia at the head of the class of hypnotis, and thebaina at the head of the tetanizing forces. The effects of either even in slight excess upon those peculiarly susceptible to their morbid influences are productive of distress, if not of danger to life. Hence it is well to have the system guarded from the deleterious effects that possibly may accrue; and Dr. Hurley, therefore says we must never give morphia by injection under the skin, without some protection from these effects, in persons with

whom we have reason to suspect such ill consequences may result? He recommends the use of atropia. Why? Not to fulfil any special indications in the combat of disease, but to guard against the deleterious effects of the morphia.

One of the peculiar effects of morphia is the derangement of the vagus, or pneumogastric nerve, producing violent retching, vomiting, and nausea. Another effect, probably in a great measure depending secondarily upon its effect upon this nerve, is that the whole respiratory function is depressed—these effects in the highly excitable nervous diathesis, or the peculiar anti-morphine idiosyncrasy, are so magnified as to become dangerous. In crude opium and laudanum in these cases, we have the convulsive and tetanizing properties of thebaine and cryptopia to contend against, in which danger is produced from that source.

Svapnia fulfils more directly the indications sought for by Dr. Hurley, in the combination of atropia, and morphia, with, we think, much less danger and greater convenience. In it, the thebaine and cryptopia are entirely eliminated, and the depressant effect of the morphia upon the pneumogastric nerve, counteracted by its union with the less excitant properties of the natural constituents of opium, namely: niconine, codeia, and narceia. In this respect, svapnia must be considered a simple remedy, or pure opium, so eliminated of its poisonous constituents of thebaine, and cryptopia, as to render its exhibition, when its anodyne and hypnotic effects are needed, less dangerous, even, than when morphia is conjoined with atropia.

JOHN M. BIGELOW.

Detroit, Mich., December 3d, 1869.

PERMANGANATE OF POTASSA.—A solution of permanganate of potassa will be found a valuable remedy in the treatment of disease of the antrum, in the proportion of 5 parts to 100 of water. We have recently applied this solution, in the form of an injection, in several cases of disease of this cavity; and in a short time after its use was commenced, the disagreeable odor was diminished and the good effects of the agent apparent. It is also valuable in ozaena and other affections similar in character.—*American Journal of Dental Science.*

Selections.

CLINICS.

HOSPITAL NOTES AND GLEANINGS.

REPORTS OF SURGICAL PRACTICE IN LONDON HOSPITALS.—We went to see the operations at University College Hospital, October 27th last, and were glad to find the list unusually attractive, including the ligature of the external iliac artery, by Mr. Erichsen, and four cases of lithotrity, by Sir Henry Thompson.

The first patient brought into the theatre was a cabman, aged 37, who had first noticed a large femoral aneurism in the right groin four weeks previously, and in whom Mr. Erichsen proceeded to tie the external iliac artery. Chloroform was administered by the Resident Medical Officer, with Clover's apparatus, which is now always used at this hospital. As soon as the man was fairly narcotized, Mr. Erichsen commenced, making the incision rather higher than usual, dividing the external oblique muscle without a director, but using this guard when making the deeper incisions. The peritoneum came distinctly into view, with the gut shining through it. No bleeding requiring interference occurred; the artery was speedily reached, and an ordinary stout whipcord ligature put round it. In the course of his subsequent explanatory remarks, Mr. Erichsen said, that the incision had been made higher than usual—so high, indeed, that he could have easily reached the common iliac vessel, had that been desired—in order to get as far above the aneurism as possible, since this extended above Poupart's ligament. He pointed out the various steps of the operation, and said, that he would have employed the carbolized catgut ligature, as used by Professor Lister, but that on trying some of it before coming into the theatre, he had not felt satisfied of its strength; and, as the thread must be placed at the bottom of a tolerably deep wound, he thought it, on the whole, safer to trust to the usual whipcord. He mentioned that there was another aneurism in the hospital, which might yet come before them in that place; but, at present, digital compression was being practised, the aneurism being in the popliteal space, and he considered it right to give both compression and flexion a fair trial, before subjecting the patient, a man aged only 23, to the risk of the graver alternative.

The next case was one of a large, firm nasal polypus, completely blocking the orifice of the right nostril of a woman. Mr. Erichsen slit up the nostril along its junction with the cheek, and cut through the root of the growth with scissors, and afterwards closing the wound with wire sutures and colloidion. We carried away a portion of the polypus for microscopic examination, as it did not present the more usual gelatinous appearance of these growths. We found the bulk of it to consist of spindle cells, intermingled with which were some large cells, of the myeloid kind, so that the structure resembled rather that of an epulis, than of an ordinary nasal polypus; and it probably sprang from the periosteum, covering the nasal process of the superior maxilla.

Sir Henry Thompson's four cases of lithotrity now put in their appearance in quick succession, and we were amused with the regularity and uniformity attending the introduction of these patients. The old men came down one after another, each bearing his pillow, on which his buttocks were to be supported, and carrying in his hand a pill-box, containing the results of the former crushings. As each patient entered the theatre, he was greeted by the surgeon with the question: "How often have you been crushed?" followed by "Have you your stone with you?" The contents of the pill-box were then displayed, the nature of the calculus being explained to the students, whilst the man climbed on to the table and adjusted his pillow. Then the lithotrite was introduced, the stone instantly caught and crushed two or three times, and the loaded instrument gently withdrawn, being quickly whipped out of the orifice; the only step in the process producing any demonstration on the part of the patient. The extracted fragments were then turned out on to a bit of blotting-paper and added to the pill-box collection, and the patient carried back to bed. Three of the stones were of uric acid, occurring in men aged 65, 57, and 65 respectively, and the fourth was of urate of soda, in a man aged 69, who had been crushed already three times. The others had been before operated upon once, twice, and thrice respectively. In one instance, where an enlarged prostate complicated matters somewhat, the man had suffered from slight febrile disturbance between the crushings.

The last case was one of disease of the os calcis, in which Mr. Erichsen, having cut down upon the bone by a T-shaped incision, gouged out the carious portion, and smoothed down the edges of the cavity with an osteotrite—a practice which, he stated, he invariably adopted when it could be done safely; as,

by this means, an exceedingly useful foot might be secured, the disease being prevented from extending to the joint.

Going round the surgical wards of St. Mary's Hospital, with Mr. Haynes Walton's class, one day last week, we were specially struck with the excellent results of the system of continued irrigation, as adopted by that surgeon. One good example of the beneficial effects of this plan of treatment we have lately recorded in these columns. At the time of our report, the man was making good progress towards recovery. He has since left the hospital, with a perfectly strong, albeit somewhat curved, leg. Our readers may remember that the case was one of severe compound and comminuted fracture of the tibia, in which a large bit of the bone was broken off, leaving only a thin plate of the posterior surface of the bone undetached, at the bottom of a large wound. Although this wound took on an actively sloughing character, and the patient's general health became seriously impaired, from the date of the commencement of tepid irrigation, not only was all, or nearly all, pain removed, but the reparative process made such good way that the whole of the new bone was formed with the discharge of only a thin scale, like a large thumb-nail.

There is, at this moment, in one of the male surgical wards, another good example of this treatment, in the form of a very large ulcer nearly surrounding a man's leg. The surface is now covered with bright, healthy granulations, and an inch of sound cicatricial skin surrounds the sore; but at the date of admission, the ulcer was very much larger, the surface exceedingly foul, and the edges spreading rapidly. The phagedæna was checked, and the healthy action set in immediately on the irrigation being applied.

We hope to present more of these cases to the notice of our readers at a future time.

The plan of putting up fractures of the thigh, suggested long since by Mr. Walton, and exclusively used by him in the wards, seems to produce such good results that we may mention here the chief points of the practice, although it has no longer any novelty to recommend it. The main defect in the ordinary long, or "Liston's," splint is, that extension being made from the tarsus, this part of the foot is apt to be elongated, and an inconvenient deformity is thereby induced. In order to prevent this, Mr. Walton directs, that instead of the usual two equal notches in the bottom of the splint, the upper notch (in the position of the applied splint) shall be only one inch long, the lower one being from seven to eight inches. The splint

should be long enough to reach well up into the axilla, from an inch below the sole of the foot, and carefully padded. The foot and lower third of the leg are then thickly padded with cotton-wool, so as to prevent any possible pressure on heel, external malleolus, or tendo-Achillis. The splint is now to be applied to the outer side of the limb, and a turn of bandage passed round the metatarsus and through the shorter notch, so as to fix the foot quite squarely in position. The bandage is then carried up over the ankle, and a turn or two round the leg, above the malleoli and through the larger notch, fixes the splint firmly to the leg, after which the bandage may be taken in the usual manner up to the knee. The perineal band is next adjusted, and counter-extension made, the splint being further fastened by a broad bandage passed round the pelvis, between the great trochanter and the crest of the ilium, and the head of the splint kept in a comfortable position by a bandage round the chest, which may be altered by the patient to suit his own comfort. The thigh has thus no bandage covering it, although the whole apparatus is so firmly fixed that the patient may be readily rolled over on to his sound side, without disturbing the limb. The perineal band may be removed by the end of a week, the muscles being then quite quiet. During the period of confinement to bed, the heel is never allowed to rest for long together in one position, pillows being shifted daily under the leg, so as to prevent any chance of the formation of that most tedious sore to cure, which results from a slough on the heel.

We saw a curious case, also under the care of Mr. Haynes Walton, of a man, aged 35, who, three years and a-half before, had sustained a severe fall, in which he had lost one of his front teeth—the right upper lateral incisor. A few weeks later, after much pain and swelling in the upper jaw, an abscess formed, and discharged through a small opening in the cheek, as well as through the alveolus of the lost tooth. The case was supposed to be one of caries of the maxilla, and many naval surgeons treated the man under this belief, but without alleviating the symptoms. When he came under Mr. Walton's care, there was considerable swelling of the side of the face, much pain, and constant profuse discharge from a sinus in the right cheek, half an inch outside the nostril. The discharge from the alveolus had stopped, and the bottom healed over. On probing the sinus in the cheek, Mr. Walton was convinced that he detected the smooth, hard surface of tooth enamel, and he accordingly enlarged the opening and extracted, with forceps,

a perfect incisor tooth, lying loose in the antrum. When we saw the man, eleven days after the operation, the wound was all but healed, and the pain and swelling quite disappeared.—*Medical Times and Gazette*, November 6th, 1869.

EXCISION OF HEAD OF FEMUR, WITH GREAT TROCHANTER, FOR HIP-JOINT DISEASE; SUBSEQUENT PERFORATION OF THE FLOOR OF THE ACETABULUM, FROM EXTENSIVE CARIES; DEATH.—A point of great interest in the following case, which was treated in the "Dreadnought" Hospital Ship, is the information it affords regarding the influence of resection of the hip, on the progress of carious disease in the acetabulum. It has been recently suggested that caries of the floor of this cavity need not be considered as a contra-indication of the operation, or even as a likely cause of its failure, since the removal of the diseased head of the femur from its socket and a large external wound would favor the elimination of the carious bone, by natural means, and ultimate cure. The clinical history of Mr. Rook's patient, however, proves the necessity of hesitation and great caution in applying these views in practice. At the time of the operation, the chief seat of the disease was the upper end of the femur, including the neck and the two trochanters; this was detached by the saw and removed, exposing the floor of the acetabulum, which, though stripped of its articular cartilage, was composed of hard and apparently sound bone, and presented but slight traces of active disease. The case, at first, promised favorably, but, at the end of the fourth week the progress towards recovery was arrested, and profuse suppuration, acute pain in the hip, and, finally, symptoms indicative of intra-pelvic effusion, resulted in the death of the patient, fourteen weeks after the excision. At the autopsy, the upper extremity of the femur was found capped with organized lymph and in a very satisfactory condition. The acetabulum, on the other hand, was extensively affected, its floor perforated in several places, and the surrounding bone converted into an uneven, soft, and carious mass—the result of disease, the activity and speed of which had increased to a very great extent after the removal of the head of the femur.

Joseph F., aged 18 years, a thin and excitable lad, was admitted into the Seamen's Hospital, on October 21st, 1868.

Previous History.—Commenced a seafaring life as a cook on board a coasting vessel, in the spring of 1864. Had very good health up to the month of November, of the same year, when, after prolonged exposure to wet and cold, he complained of

general uneasiness, and subsequently of stiffness and severe pain in the right hip. The local symptoms increased in severity, and, in spite of treatment and rest for nine months, in the Swansea Infirmary, rendered the lad perfectly helpless. He was then sent to London, and resided with a relation up to the time of his admission into the "Dreadnought." When first seen by Mr. Rooke, the patient presented well-marked symptoms of morbus coxarius. There was no abscess. He was kept at perfect rest in bed, and treated by the administration of tonics and the occasional application of the actual cautery. At the end of the year, he had recovered so far, that he was allowed to get up. The joint, at this time, was free from pain. A heavy fall in the ward, in February, 1869, was followed by acute pain in the hip, painful muscular spasms, and severe general reaction. Abscesses formed rapidly at the upper part of the thigh, from which there was a profuse discharge of thick, greenish pus, which could not be arrested. In consequence of the increasing debility and emaciation of the lad, and symptoms of hectic, excision was decided upon, and performed on May 21st.

Operation.—A long, straight incision was made from above, downwards, over the great trochanter. After a considerable thickness of soft and infiltrated tissue had been cut through, the upper portion of the femur was exposed. The head of the bone was found to be firmly fixed in the cotyloid cavity. By forcibly adducting and flexing the limb, the end of the femur was thrust through the wound. The head was denuded of cartilage, flattened, and irregular in shape; the neck and great trochanter were also much diseased. The saw was applied, at first, just below the great trochanter; but as the cancellated tissue was found diseased at the level of this section, another slice of the femur was removed. The acetabulum was quite bare of cartilage, but the form and depth of the cavity were but slightly altered. A gouge was applied to the exposed bone, forming the floor and margins of the cavity; but, as this was firm and vascular, only a small portion was removed. The edges of the incision were brought together by sutures, and the limb fixed by the usual long splint.

For the first three weeks after the operation the patient did well. The emaciation persisted, but the hectic ceased; the appetite returned, and the general condition was much improved. The wound, though extensive, became rapidly filled up by granulations. A great tendency to shortening and adduction was counteracted by abducting the limb and keeping it extended by weights.

At the end of June, there was an unfavorable change. The upper part of the right thigh began to swell and to become œdematous, and there was an increase in the amount of discharge. His rest and mental condition were much disturbed by severe pains, which radiated from the seat of operation, along the front of the thigh and leg to the foot. These were relieved only by repeated injections of morphia under the skin. From the 24th of June the patient became gradually worse. Extreme general emaciation was marked in the lower limbs, especially in the left leg and foot, by extensive anasarca. The purulent discharge from the right thigh persisted, and the œdema and severe pain over the iliac region indicated deep-seated suppuration in the pelvis. At the end of August, the patient passed suddenly into a state of unconsciousness, from which he but partially recovered; and, after occasional delirium, he died on the evening of September 5th.

Post Mortem Examination.—Lower limbs and scrotum very anasarcaous. In front of right femur two large abscesses leading up to the seat of operation; back part of thigh traversed from gluteal region to popliteal space by a third purulent sac. Upper extremity of right femur closely embraced by fibrous and muscular tissues; the surface left by the saw covered a thick layer of tough, organized lymph. Acetabulum occupied by upper part of femur; osseous tissue around the cavity much diseased; and the floor perforated by three orifices, two of which communicated with intra-pelvic abscesses, the third with a large collection of pus in the right iliac fossa. The portions of innominate bone, beyond the carious and blackened tissue, surrounding the cotyloid cavity, are quite sound. Both lungs occupied by very numerous nodules of miliary tubercle. Right kidney lardaceous; the left affected with extensive scrofulous disease. Liver pale; weight $2\frac{1}{2}$ lbs.—*Lancet*, Oct. 9th, 1869.

DEATH BY HEMORRHAGE FROM CEREBRAL TUMORS (UNDER THE CARE OF DR. HUGHLINGS JACKSON).—The modes of death from cerebral tumors are very various. One patient suffers from the tumor slowly, one nervous symptom following another; another dies of what is called brain fever; a third is suddenly killed by hemorrhage from the tumor. Again, some patients die without any symptoms referable to the head, and a tumor is found *post mortem*. Death by hemorrhage deserves careful recognition. If we have a good history, these cases give us little trouble in diagnosis.

A boy, aged nine, was under Dr. Hughlings Jackson's care,

at the London Hospital, for paralysis of the third nerve, on one side, and hemiplegia on the other. These symptoms had come on slowly, with headache; and there was a double optic neuritis. He died during the night of effusion of blood, from a tumor of the crus cerebri, which caused the paralytic symptoms. The palsy of the third nerve on one side, and of the arm and leg on the other, pointed to disease of the crus cerebri. The gradual onset of the paralysis, and its complication with double optic neuritis, made it certain that the disease was of some *coarse* kind. The age of the patient rendered it most probable that this coarse disease was tumor. His sudden death led to the inference of hemorrhage from tumor.

The following case might easily have given trouble in diagnosis, had not the patient's previous history been known. A man, 23 years of age, under the care of Dr. Ramskill, had convulsive attacks; he suffered intense pain in his head, and there was double optic neuritis. It was almost certain, from these symptoms, that there was intracranial tumor. He was doing very well, being about the ward. He had a good appetite, and was able to read, when one night he was seized with a convulsion, became very deeply comatose, and died in two or three hours. Dr. Sutton found at the autopsy a gliomatous tumor of the fore part of the left anterior cerebral lobe, with recent effusion of blood to the extent of several ounces.

Had this man been brought to the hospital under like circumstances to those of the patient whose case is next related, the diagnosis would have been impossible, unless, perhaps, the ophthalmoscope had been used. If we find optic neuritis in a young, healthily-built patient, who has become comatose after a convulsion, we should, Dr. Hughlings Jackson thinks, be warranted in diagnosing tumor, but we could not say there was hemorrhage from that tumor. It is well-known that patients, the subjects of organic disease of many kinds, probably of any kind affecting one cerebral hemisphere, are liable to coma, after attacks of simpler convulsions, *i.e.*, convulsive attacks, without any effusion of blood.

But if the patient with optic neuritis were *very deeply* comatose, especially if he were so after but one sudden convulsion; if the fit was not known to have begun by a deliberate "aura," in the face, arm, or leg, and especially if the patient had had fits so beginning before; if there were no discoverable hemiplegia, we should fear hemorrhage from a tumor, and we should believe the patient would die. But we have not always such helps. The diagnosis is not always ready made. In the

following case, the patient was not young, there was no known convulsion, and there was no changes in the optic disks, and the history Mr. Leach supplied was not obtained until after the autopsy. It is needless to say that the diagnosis of hemorrhage, from cerebral tumor, was, in this case, impossible. It has no less value on that account.

A man, 56 years of age, was discharged on July 1st, from the "Dreadnaught," for a simple infraction of the rules. The only symptom the man then had was pain in the head. He was brought, on July 10th, in a comatose state, to the London hospital. He died there that night, at 1.30 P.M. All the police knew was that the poor fellow had been picked up in the street the day before, and taken to his lodgings, when he was supposed to be tipsy. As he did not get up next morning, he was looked after at midday. At the autopsy, a vascular tumor was found in the posterior lobe of the left hemisphere, close upon the middle cornu, and in the descending cornu. In the lateral ventricle was an effusion of blood to the extent of several ounces, which had presumably come from the tumor, as no part of the brain was broken up, except the wall of the middle cornu, near the tumor.—*The Lancet*, Oct. 23, 1869.—*Medical News*.

SCARIFICATION OF THE GUMS IN DENTITION.

At a meeting of the "Edinburgh Obstetrical Society," Dr. Cairns gave the following views on this subject, which we present in full to our readers, as they appear in the *Edinburgh Medical Journal*:—

I. Is scarification in dentition productive of any beneficial result? If it is so, in what do its good effects consist? The advantages alleged to accrue from the operation, as contained in the several works which I have consulted, may all be summed up in the following:—first, the relief of local pain; and, second, the prevention and arrestment of convulsions, laryngismus, stridulus, diarrhœa, etc., etc.

1. Scarification, according to its supporters, relieves local pain. Conceding meanwhile that this assertion is true, let us inquire into the grounds on which the assertion rests. Now, it certainly cannot rest on the declaration of the little patients on whom the operation is performed, because they have not yet acquired the power of speech—a circumstance, indeed, which renders the treatment of the diseases of children, in general, of

a very difficult and unsatisfactory nature, preventing them, as it does, from correctly indicating either the precise seat of their sufferings, or the actual effects of the remedies employed. Well, if the allegation is not, and cannot be, founded on the ground I have mentioned, it must, in these circumstances, be altogether and entirely of an inferential character. Now, the value of inferences is purely determined by the character of the data from which they are drawn. If the data are true, the inferences may be valid, or they may not; but if the data are not true, the inferences must, as a matter of course, be utterly worthless. In the present case, then, what are the data from which it is inferred that scarification is productive of relief from pain? These data will, I think, be found on inquiry to consist in the tense, tumid, and congested condition of the gums. The matter stands thus: the gums, in the process of dentition, being in a tense, swollen, and inflamed state, are painful; and by relieving the tension, tumidity, and congestion, by means of incisions, you thereby relieve the pain. This, I opine, is a correct and fair statement of the case. Well, now, I demur entirely to the alleged fact, that in the *ordinary* process of dentition, the gums are either tense or swollen. It is quite true that there exists over the site of the approaching tooth an evident fulness; but this condition is caused, in all ordinary cases, by the presence of the tooth itself. The tissue overlying the tooth is not put into a state of strain by the tooth, as the term *tensity* would lead one to suppose. No such thing—against such tension nature makes full and ample provision, by causing the subjacent gum to undergo gradual absorption, in proportion to the growth of the tooth itself. The tooth is not *pushed* up, it *grows* up; and as it increases in growth, so do the overlying tissues become absorbed, thereby rendering tension impossible. Neither is there swelling, in the ordinary sense of that term, because nature guards effectually against the infiltration of serum, by causing the growth of the tooth to be sufficiently slow, so as to give the vessels concerned abundant time to accommodate their calibre to the circumstances by which they are surrounded; and if a true swelling does, in any case, actually form, that is to be regarded simply as an accidental occurrence, and to be treated, of course, as it would be in ordinary circumstances, but it is in no wise essentially connected with the process under consideration. If, therefore, there is neither tension nor tumefaction, scarification is useless as a means of relieving pain, so far as regards the alleged disturbing influences of these two conditions. But what of inflam-

mation? Simply this, that by abstracting blood from an inflamed part, you do not in the least degree either reduce or modify the inflammation. The part continues to be as red, as hot, and as painful as before. Nor do I hold it of much consequence to be told that the child has become more quiet after the operation, and must, therefore, have obtained relief by its means; because unless its advocates are prepared to prove the result to be unvariable—which they are not—I am fully entitled, in the circumstances, to assume, that such relief may have followed in spite of the operation; just as many patients have been found to recover from certain diseases, in spite of the very questionable treatment to which they may have been subjected.

2. Scarification is alleged to prevent and arrest convulsions, etc.

Now, as a prophylactic remedy, the operation can only be admissible under certain conditions:—1st. On the ascertained fact that convulsions are an invariable accompaniment of dentition. 2d. That the operation uniformly, or at least generally, prevents their occurrence. The question therefore is, do these conditions hold? I affirm they do not, and on the following grounds: because convulsions, so far from always coëxisting with the process of dentition, do so in reality in a very small proportion of cases. They constitute, in fact, not the rule, but the exception. And, further, the object sought has in general not been attained; that is to say, convulsions have just as frequently followed as they have preceded incisions of the gums. So much for the preventive; and as regards the alleged curative agency of scarification, several questions naturally suggest themselves:—

(1.) Does it necessarily follow that dentition is the real exciting cause of the convulsions, merely because the latter happen to be concurrent with the former? Every one, I dare say—even the most zealous advocate of the operation—would unhesitatingly answer in the negative, when the question is put in this pointed and directed manner; nevertheless, I am rather inclined to think, that there exists in the minds of most practitioners a strong disposition to attribute every case of convulsions which occurs, in a child within two years old, to the so-called cutting of a tooth, and to that alone, unless other causes are so manifest as can hardly escape notice. Nor is the reason of this far to seek; for, in the first place, it is universally admitted by every member of the profession, that dentition may, and does occasionally, induce convulsions; in the second

place, there exists a strong tendency in the human mind to connect certain effects with their most commonly received causes, whether true or false, and this circumstance has always operated in a very special manner in the minds of medical men.

(2.) A second question which suggests itself is, has a recurrence of the convulsive fits, which happen to take place during dentition, always been prevented by scarification? An affirmative answer to this question would justly be held quite conclusive, at least as regards the particular circumstances referred to; but, unfortunately, I have not been able to find any one, within the compass of the research I have made, who ventures to give the desiderated answer. On the contrary—unlike those who dogmatically proclaim, as an infallible remedy for this and that disease, this and that specific, which no other than themselves has ever been able to verify—even the most strenuous supporters of scarification allege nothing more than simply that after the operation has been performed, the convulsions have ceased to recur only now and again.

(3.) And this brings us to a third question, *viz.*: whether, in those cases in which the convulsions have ceased, after the application of the lancet to the gums, the use of this instrument is to be regarded as the real procuring cause of their arrestment? Now, I do not by any means venture to say that it is not. This were too audacious by a great deal; but I do say, and without the least hesitation, that there exist more abundant data from which to give an answer in the negative, than there do from which to give one in the affirmative. What, we ask, are the grounds on which the scarificator is employed? Because, say its advocates, after being applied, convulsions occasionally do not occur. And that is really the only answer which can be given. Very good—but when they are again asked, if they can affirm with certainty, that the use of the lancet has been the actual and sole means of stopping the convulsions, they feel obliged to be somewhat more cautious in the answer which they give. Their reply then is, it may be, or it may not be—we cannot absolutely say which. Well, in these circumstances, we must be excused from expressing our humble opinion that the greater probability is, that it has not been so; first, because the use of the lancet has just as frequently been followed by the recurrence of the convulsions as by their discontinuance; second, because their non-recurrence may have been a mere matter of coincidence, and nothing more. It is well known, for example, that in different children, convulsions differ, both as regards their number and duration. In one

child there is often only one convulsive attack, sometimes of short, and sometimes of considerably long duration; in another, we often find two, the one either following the other in close succession, or at a longer interval. Sometimes we find three, and so on; but when they are dependent on dentition, or other local irritation, they always prove of a self-limiting character.

Suppose, now, that in either of these cases you incise the gums, and that, after doing so, the convulsive attacks cease to return, are you entitled to give the credit to the lancet? If you say yes, I maintain that in the circumstances I am equally entitled to say no; because, in all probability, the convulsions had entirely ceased before the gums had even been touched by the lancet.

The same arguments which have been employed in the case of convulsions apply equally to the other diseases, which I have mentioned as concurring with dentition, and, therefore, I may pass them over without further notice; merely adding, that although diarrhœa is, perhaps, one of the most common comitants of dentition, it seems somewhat strange that scarification should be so seldom practised, or even recommended for arresting that most debilitating of all the ailments to which infants are liable.

II. Having considered the beneficial, I now proceed to notice, in the second place, the prejudicial effects of scarification.

1. And here I allege, in the first place, that it is injurious, because it impedes the process of dentition. During the last few days, I have asked several professional brethren with whom I have come in contact, who approve of the operation in question, for what reason they do so? and the gist of the answer which I have received from each has been this: "Because," say they, "the lancet does at one stroke what nature would require a considerable time to accomplish, to let the tooth through." And this quite accords with what we find in some of the books. Now, we aver the opposite. We aver that the use of the lancet, instead of rendering dentition more easy, makes it in reality more difficult. And here we must observe, that in scarifying the gum, three different modes have been recommended:—1st, by making a single incision; 2d, by making a crucial incision; and, 3d, by making an elliptical incision, and removing that portion of the gum which overlies the tooth. Well, if either of the first two methods is adopted, in nine cases out of ten, you have speedy reunion of the lips of the wound, thereby leaving matters exactly as they were before. If, as

recommended by some, you go on repeating the incisions, you have just the same result following; thus rendering it extremely difficult for us, at least, to perceive how the approach of the tooth can be facilitated in the least degree by these means; while, at the same time, the hard cicatrix which has been formed must require longer time to become absorbed, as the tooth approaches, than the soft natural tissue of the gum. If the wound heals by ulceration—and by this process it must do so, when the third method is employed—you do certainly obviate thereby the absorption of the gum, and thus seem to assist nature. But this, after all, is more apparent than real; because absorption is undergone not only in that portion of the gum which lies over the summit of the tooth, but also in the portions towards its sides—portions, be it observed, which are left altogether untouched. But even although these portions were also removed, the truth of our averment would, in our opinion, be only strengthened thereby; and in this way, because you would thus expose a greater portion of the tooth to atmospheric influence; premature exposure to which, by the removal of its natural covering, would give a material check to its growth and development. Consider, also, that by the operation, simple though it seem, you give a greater or less shock to the nervous system of the infant; and it is universally admitted that an infant, at this period, is in a state of high susceptibility, that you excite more or less inflammation, thereby increasing the suffering and irritability of the little patient; that you cause the loss of a certain quantity of blood, of which a child is highly intolerant, and particularly those children on whom the operation is performed, being generally of delicate and strumous habits; that you aggravate the painful condition of the gums, thereby rendering sucking a difficult operation, and preventing the infant from obtaining a proper supply of nourishment. Consider, we say, these circumstances and the injurious effects which they must necessarily produce on the general constitution, and through it on the growth of the teeth, rendering that process, as they must do, unusually tedious and slow.

2. We allege, in the second place, that it may lead to fatal hemorrhage. We are not in a position to state how often this result has followed from the operation; but if all the cases which have occurred had been recorded, and were collected, they might be found to amount to no inconsiderable number. At all events, it is well known that such cases have occurred, and, indeed, it is only very recently that a case of this nature was reported to this Society, by one of its members. To this,

however, it may be objected: 1st. That in those cases in which the child has died from loss of blood, the incision may have been made too deep: our reply is that the incision is recommended to be made deep, so deep as to reach the tooth. 2d. It may be objected, that fatal cases may only have occurred in those children which happened to have the hemorrhage diathesis: we answer, that even although this were granted, you cannot discover whither this diathesis is, present or not, until you make the incision, when the discovery is too late. 3d. It may also be objected, that the risk alluded to occurs so seldom that it need not act as a deterrent: to this we reply that the untoward results under consideration having happened even once or twice, renders it at least possible that it may also occur in the very case in which you are about to operate; and, moreover, should it do so, and should you tell the parents, on inquiry, that you were aware that such an event might possibly occur, I rather fear that the parents would not hold you altogether blameless in the matter, and that they would bear you a secret grudge ever after.

3. I allege that it tends to perpetuate a custom which, to say the least of it, is of a doubtful character. Probably one of the reasons why the operation is so generally performed is, not in reality from the good effects which are expected to ensue from it, but because it is usually done in such circumstances. Others do it, and, in order not to appear singular or culpable, I must conform to the general practice, whether the issue should prove favorable or the reverse. In this way did the treatment by blistered, bleeding, and violent drugging become transmitted from generation to generation, age after age, producing, as it is now universally allowed to have done, the most direful results. And in the same way has been handed down the operation in question, which, though uncertain and doubtful in its results, continues to be in high favor and general use as a time-honored custom. On this point, however, we do not enlarge, but proceed, as was proposed, to inquire.

III. If, in the circumstances, scarification is justifiable? We allege that it is not. 1. Because it inflicts unnecessary pain. The objection, observe, is not grounded on the fact that pain simply is caused to the child. Such an objection were absurd; because, although the medical practitioner holds it to be one of his prime function to relieve pain, in many cases he can only fulfil that function by employing remedies which are themselves of a pain-giving nature. But this is not the question. The question is, am I warranted in employing a remedy which, so far as

can be ascertained, does not relieve the pain which it is intended to do, and which remedy is itself painful, both in its application and results? I maintain that, in these circumstances, I am not justified in doing so, and particularly when I remember the effects which scarification on one occasion produced in my own person. For it so happens, that when, some years ago, my last wisdom-tooth was making its appearance, the late Professor Miller, at my own urgent request, applied the lancet over it, but the result was, that instead of experiencing relief from the operation, it kept me, on the contrary, in a state of the most extreme suffering for days to come; the remedy, in short, having proved a thousand times worse than the disease.

2. It superinduces some of those very conditions which it professes to remedy. I allude in particular to tension, tumefaction, and inflammation, the relief of which it will be remembered, was alleged as a reason why scarification should be performed. On that occasion, I simply endeavored to show, that the treatment recommended had no rational grounds on which to rest; I now go a step further, and aver that scarification actually produces these results. Inflammation it must and cannot but excite; because, in virtue of a well-known physiological law, wherever you occasion a breach in living tissue, more or less inflammation results, in order to repair the breach which has been made. Again, in an inflamed part, there is always more or less swelling, owing to the pressure upon the veins, which causes the exudation of serum into the surrounding cellular tissue. And, lastly, there is tension; because whether the scarified part heals by the first or second intention, there is, in either case, contraction of the tissue, and consequent tension, if an unyielding structure like the tooth lies underneath.

I shall not be so bold as to affirm that scarification actually excites convulsions; but considering the extreme sensitiveness of the gums and the highly nervous condition of the child, in some cases of teething, I do think that that operation is abundantly sufficient to act as an exciting cause of them. And it is certainly a fact, that there are some parents who will not allow the gums of their infants to be incised on any account, because in the case of former children, they have observed the operation to be followed by convulsions; and parents are very acute and often very correct observers, in reference to the ailments of their children—a fact which renders their testimony in such matters of no inconsiderable value.

3. At the best, it is a mere experiment. This, I think, cannot be denied, with whatever view the operation may be per-

formed, whether to relieve pain, or whether to arrest convulsions, or any of the other symptoms which have been mentioned as coincident with dentition. If you perform the operation to relieve pain, you do so simply as an experiment; because, in the first place, you do not know if the pain from which the child appears to suffer is due to the state of the gums at all; it may depend on causes totally different. In the second place, granting that the gums *are* the prime source of the irritation, how do you know that the *part* of the gum which you incise is the real seat of the pain? You perceive a certain portion of the gum to be somewhat prominent, and find, at the same time, that the child gives certain expressions of suffering, and you thereupon immediately leap to the conclusion that the pain is occasioned by that particular part of the gum. Are you *certain* that it is so? You are not; you cannot be. The *greater* probability is, that the irritation is entirely due to the growth of a tooth, which, owing to the early period of its development, gives no indication whatever of its appearance. In the third place, even although you could hit exactly upon the precise tooth which caused the pain, how do you know whether it is the *superficial* or radical part of the tooth which gives rise to the pain? Whoever has suffered from toothache must know that the pain in *many* cases arises from the *root* of the tooth, and and not from the crown, showing that the former is just as likely to be the seat of pain as the latter; and, consequently, that in scarification, the object sought will most probably prove altogether abortive, and, therefore, out-and-out experimental.

And as regards convulsions, etc., scarification of the gums is a thousand times more doubtful in its results than as regards the relief of pain. Who can deny on how many occult causes such phenomena may actually depend? But simply because a child happens "to be getting its teeth" while a convulsive fit occurs, the convulsion is at once attributed to the state of the gums. The gums are forthwith lanced, and if the convulsions cease, the lancet gets the credit; if they do not cease, *as in general they do not*, the lancet nevertheless is extolled as having done all that could have been done to avert bad consequences. But now, allowing scarification to be nothing more than an experiment, is it or is it not justifiable? To this I reply, that it is only justifiable on certain grounds. An experiment is not justifiable, 1st, when there is no essential connection between the disease and the alleged cause, for the removal of which the experiment is made; 2d, when it has repeatedly failed to produce the desired result; 3d, when it is likely to be more injuri-

ous than beneficial. These points, however, I simply state, without enlarging upon them, having greatly exceeded the limits to which I had restricted myself.—*American Journal of Dental Science.*

Book Notices.

A Treatise on Intraocular Tumors, from Original Clinical Observations and Anatomical Investigations. (With one Chromo-Lithographic and fifteen Lithographic Plates. By H. KNAPP, M.D., late Professor of Ophthalmology and Surgeon to the Ophthalmic Hospital, in Heidelberg. Translated by S. COLE, M.D., of Chicago. New York: W. Wood & Co., 61 Walker St. 1869.

We have received a copy of this work from the translator. It is an elegantly publisseed volume of over 300 pages. The paper, type, and illustrations are all good. The subjects of which it treats are not of very frequent occurrence, generally obscure in their origin, and, consequently, of difficult diagnosis. The work will be of special interest to the ophthalmologist and of use to the general practitioner.

The Pathology of Bright's Disease. By WM. B. LEWIS, M.D., Lecturer on Renal Pathology, in the Medical Department of the University of the City of New York; Microscopist of Charity Hospital, etc. With illustrations. New York: Turner & Migmaed. 1869.

This is an interesting pamphlet of 29 pages, containing a brief history of renal pathology, and a clear statement of the present status of medical opinions, in relation to Bright's disease.

Minutes of the First Annual Meeting of the Nebraska State Medical Society, held in Nebraska City, June 1st and 2d, 1869.

This is a pamphlet of 24 pages, containing the record of pro-

ceedings of the annual meeting, embracing brief reports on Surgery, by Drs. S. D. Mereer and N. B. Larsh, and on Obstetrics, by Dr. James H. Peabody, and the constitution and bye-laws of the Society. The proceedings indicate a good degree of enterprise and talent in the profession of this new State. The officers for the present year are, *President*, James H. Peabody; *First Vice-President*, N. B. Larsh; *Second Vice-President*, F. Renner; *Corresponding Secretary*, J. C. Denise; *Permanent Secretary*, S. D. Mereer; *Treasurer*, D. W. Hershey.

Archives de Physiologie, Normale et Pathologique. Published by Brown-Séguard, Charcot, and Vulpian, of Paris, France.

This very valuable periodical for November and December is before us, filled with its usual variety of interesting articles.

Editorial.

A NEW-YEAR AND A NEW VOLUME.—The present number commences the 11th volume of the EXAMINER, and with it we wish all our readers a "HAPPY NEW YEAR" and abundant success in their daily work of alleviating human suffering, and of prolonging human life. If the contents of this journal, as it visits them from month to month, shall afford them any aid in their noble work, one of the leading objects of its publication will have been attained.

We shall not follow the example of some of our cotemporaries and boast of past success, or make extravagant promises for the future. The EXAMINER is neither the organ of a school nor the advertising medium of a publishing or bookselling house, but is simply the individual property of its Editor, and is published solely for the promotion of the educational, scientific, and practical interests of the profession. We shall make it as useful to our readers as we possibly can, being fully satisfied with the liberal patronage it has hitherto received.

MEDICAL COLLEGE EDUCATION.—In another place will be found a notice from the Committee appointed by the Medical College Convention, of 1866, calling for a convention of delegates, from all the regular medical colleges in the United States, in the City of Washington, on Friday preceeding the next regular meeting of the American Medical Association. The same notice has been sent to all the medical journals in the country, and we hope those controlling the medical press will lend their aid in bringing together so full a representation from the colleges, that whatever measures are agreed upon, can be successfully carried into practical operation. We know of no candid and enlightened medical teacher who does not acknowledge that there are very important defects in the present system of medical college instruction in this country. This much, indeed, seems to be universally acknowledged by the profession. The time appointed for the Convention will allow of three working days before the assembling of the American Medical Association, which is none too long for a fair consideration of the several important questions that will require consideration. Let us not only have a full convention, but let the delegates come together in a spirit of liberality and with a positive desire to make such changes in the prevalent system of medical college instruction as the interests, the honor, and the usefulness of the profession require, and there will be no difficulty in bringing about important practical results.

DIPLOMA VENDERS.—We have been kindly furnished with two or three of the following cards, by friends in different parts of the country:—

“The Milwaukee Medical and Surgical Institute (chartered by the Legislature of Wisconsin), office, corner of East Water and Mason Streets. Collegiate agency.

“This agency has been established for the purpose of giving such information as is necessary before taking any of the learned degrees in arts, science, law, and medicine, and represents some of the best universities in America and Europe.

“By or through its recommendation, the degrees of A.M.

(Master of Arts), A.B. (Bachelor of Arts), L.L.D. (Doctor of Laws), M.D. (Doctor of Medicine), D.D.S. (Doctor of Dental Surgery), etc., may be legitimately conferred.

"For particulars address the Principal, T. Williams, M.D., Milwaukee, Wis.

"Many States have passed laws prohibiting physicians, who are not graduates, from practising medicine, collecting fees, or giving evidence in Court on medical matters. All the other States will soon pass similar laws. Similar qualifications are required of surgeons of the U. S. Army. In view of the agitation of this question, and the facts that no physician without a diploma can be recognized as a *bona fide* member of the profession, and that it is a passport to good fellowship with his professional brethren and the confidence of the community, every practising physician should be able to produce this badge of his profession."

Will some of our medical friends in Milwaukee give us reliable information in regard to this matter? Is there any such chartered institution in Milwaukee? Is there any such individual as T. Williams, M.D.? If so, who and what kind of man is he? Let this imposition be fully investigated and exposed.

FOREIGN ITEMS.

Gazette, September 25th.—The annual report of Dr. Aubert Roche, on the sanitary and medical condition of the works and establishments of the Isthmus of Suez, states, that the population of the isthmus, which, in 1859, consisted of 180 persons—25 Europeans and 155 natives—numbered last year 34,258 individuals—16,010 Europeans and 18,248 natives—and that it is at present actually estimated at 42,400, or 22,843 Europeans and 19,559 natives.

The mortality, except in cholera years, has maintained an average of 1 in 100, while in France the rate is 2.40 per 100.

In closing this report, the Dr. says: "During the ten years of our service here, the public health has been constantly im-

proving, the diseases and the mortality have diminished. But at what a painful price have we arrived at this result!

"This year, again, four of our physicians have succumbed, three on the field of battle, and the fourth, Dr. Pappatheodoro, after eight years of service has died in his own country. Of the eleven physicians who were the first participants in our enterprise, there does not remain more than five. The sanitary service has lost more than half of its effective force in chiefs of service."

Gazette, September 25th.—By the last mail from India, we learn that some cases of cholera have occurred at Madras. The epidemic seems to have been imparted to travellers coming from the district of Bellary. The sanitary and municipal authorities of Madras are exerting the most energetic measures to prevent the spread of the disease.

Gazette, September 30th.—The mortality report, for Paris, for the week ending September 25th, gives deaths from variola 15, scarlatina 5, rubeola 4, typhoid fever 32, typhus 0, erysipelas 6, bronchitis 24, pneumonia 37, diarrhœa 28, dysentery 6, cholera 9, angina catarrhalis 4, croup 1, puerperal affections 3, other causes 646—total 820.

The report, for London, for the week ending September 18th, gives deaths from variola 6, scarlatina 178, rubeola 21, typhoid fever 33, typhus 6, erysipelas 4, bronchitis 63, pneumonia 45, diarrhœa 139, dysentery 2, cholera 5, angina catarrhalis 13, puerperal affections 10, other causes 874—total 1400.

MEDICAL COLLEGE CONVENTION.

TO THE TRUSTEES AND FACULTIES OF THE MEDICAL COLLEGES IN THE UNITED STATES:

The undersigned Committee, in accordance with the instructions of the Convention of Delegates from Medical Colleges, held in Cincinnati, in May 1866, respectfully and earnestly invite you to send delegates to a convention, to be held in the City of Washington, on *Friday* preceding the *first* Tuesday in May, 1870, for the purpose of considering all subjects con-

nected with Medical college education, and procuring the coöperation of the Schools in carrying out a uniform system of instruction. It is very desirable that every regular medical college in this country should be represented in the Convention.

CHICAGO, ILL., Dec. 22, 1869.

N. S. DAVIS, S. D. GROSS, GEO. C. BLACKMAN, F. DONALDSON,	}	Committee.
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FOUR PRIZES.—The Editors of the *American Journal of Obstetrics and Diseases of Women and Children* offer the following prizes for the best essays on the subjoined subjects:—

1. Fifty dollars (in gold) for the best essay on "Catarrh of the Uterus, its Etiology and Treatment."
2. One hundred dollars (in gold) for the best essay on "The Morbid Anatomy of the Placenta."
3. Fifty dollars (in gold) for the best essay on "Electricity in the Treatment of the Diseases of Infants and Children."
4. One hundred dollars (in gold) for the best essay on "Congenital Deformities and Diseases Depending on Maladies of the Uterus or Membranes."—*Buffalo Med. and Surg. Journal*.

MODERN HOMŒOPATHY.—From the *London Monthly Homœopathic Review* for June, 1868, we learn that Lord Ebury gave vent to a feeling of regret that the report of the London Homœopathic Hospital did not contain evidence of a greater development of the objects of the institution. The number of patients was not very large, and the clinical lectures had been given up, "owing to the attendance being so scanty as greatly to discourage the lecturers." In the London Homœopathic Hospital, in which the cases are not of so serious a character as one is accustomed to see under treatment in hospital, black wash is applied to syphilitic sores, and $\frac{1}{2}$ -grain doses of mercury given internally. Cases of glandular enlargement in the neck were treated with tincture of iodine painted on externally. For cases of continued sleeplessness 1.48 of a grain of acetate of morphia was given every fifteen minutes. The Hospital physicians repudiated, one and all, the fallacies and absurdities of Hahnemann about infinitesimal doses and dilutions.—*N. Y. Medical Record*.

MORTALITY FOR THE MONTH OF NOVEMBER, 1869:—

Accident, concussion of	Delirium tremens	3	Lungs, congestion of	4
brain	Diabetes melitis	1	Measles	1
" drowned	Diarrhœa	3	Manslaughter	1
" by fall	" chronic	2	Metro-peritonitis	1
" fall of iron	Diphtheria	13	Meningitis	4
column	Dropsy	2	" cerebro-spinal	1
" in plaining	Dysentery	5	" tubercular	6
mill	" chronic	1	Metritis	3
injury, spine	Encephalitis	2	Old age	14
fracture, "	Endo-pericarditis	1	Esophagus, cancer of	1
" railroad	Entero-colitis	1	Edema pulmonum	1
" scalded	Enteritis	5	Paralysis	5
" smothered in	" and convulsions	1	Pericarditis	1
bed	Exposure	1	" and rheumatism	1
" shot, revolver	Erysipelas	2	Peritonitis	4
Abscess, perineal	Face, cancer of	1	" metritis	1
Arosophagus, stricture	Fever, congestive	1	" stricture of	1
Apoplexy	" intermittent	1	" intestines	1
Ascitis and anasarca	" puerperal	4	" puerperal	3
Asthma	" remittent	2	Phrenitis	1
Births, premature	" scarlet	64	Pneumonia	29
" still	" " bronchitis	1	" typhoid	3
" tedious	" " diphtheria	1	" pleurisy	1
Bowels obstruction	" " dropsy	1	Rheumatism	1
Brain congestion	" " nephritis	1	" inflammatory	1
" " delirium tre-	" typhoid	29	Scrofula	2
mens	Gangrene and anasarca	1	Suicide poisoning	2
" disease of	Gastritis	3	Shooting	1
" inflammation of	Hæmatemesis	1	Syphilis, hereditary	3
" " typhoid fever	Heart, disease of	8	Tabes mesenterica	9
" softening of	" neuralgia of	1	Teething	7
Bronchitis	" organic disease of	1	" and bronchitis	1
" and dropsy	" valvular disease	2	" encephalitis	1
" chronic	" fatty degenera-	1	" pneumonia	1
Carbuncle on back of	" tion of	1	Tetanus from wound	1
head	Hydrocephalus	6	" to foot	1
Cerebritis	" acute	2	Thrush	1
Cholera infantum	Inanition	7	Trismus	1
Convulsions	" and miscarriage	1	Urethra, rupture of, ex-	1
Consumption	Intemperance	2	travasation of urine,	1
" pneumonia	Jaundice	1	" result of	1
Coxitis and pyæmia	Kidneys, disease of	1	Vitality deficient	1
Croup	Laryngitis	1	Whooping-cough	5
" diphtheretic	Lead-poisoning	1	Unknown	3
" membranous	Liver, congestion of	2		
Cyanosis	" obscure disease	1	Total	489
Debility	" fatty degenerat'n	1		

AGES.

Under 1	119	20 to 30	48	70 to 80	9
1 to 3	81	30 to 40	40	80 to 90	4
3 to 5	28	40 to 50	38	90 to 100	3
5 to 10	40	50 to 60	26		
10 to 20	23	60 to 70	30	Total	489
Males	287	Females	202	Total	489
Single	355	Married	134	Total	489
White	481	Colored	8	Total	489

COMPARISON.

Deaths in Nov., 1869,--	489	Deaths in Nov., 1868,--	402	Increase,--	87
Deaths in Oct., 1869,-----	601	Decrease,-----			112

NATIVITY.

Bohemia,-----	3	England,-----	10	Sweden,-----	9
Canada,-----	7	France,-----	3	Scotland,-----	2
Chicago, Native,-----	73	Germany,-----	60	Unknown,-----	8
Chicago, Foreign,-----	146	Ireland,-----	71		
U. S., other parts,-----	88	Norway,-----	6	Total,-----	489
Denmark,-----	2	Prince Ed'd's Island	1		

MORTALITY BY WARDS FOR THE MONTH.

Wards.	Mortality.	Pop. in 1868.	One death in	Mortality.	
1---	6	9,094	1515 $\frac{1}{2}$	Accidents,-----	17
2---	23	13,074	568 $\frac{1}{2}$	County Hospital,-----	12
3---	26	15,076	579 4-5	Home for Friendless,-----	1
4---	20	17,796	889 $\frac{1}{2}$	Immigrants,-----	3
5---	37	16,033	433 $\frac{1}{2}$	Manslaughter,-----	1
6---	24	13,083	545	Mercy Hospital,-----	8
7---	46	25,492	554 $\frac{1}{2}$	Protestant Orphan Asylum,-----	6
8---	35	15,813	451 4-5	St. Joseph Orphan Asylum,-----	3
9---	29	19,297	665 $\frac{1}{2}$	St. Luke's Hospital,-----	1
10---	13	12,925	994 $\frac{1}{2}$	Hospital Alexian Brothers,-----	1
11---	21	14,340	683	Madison Street Police Station,-----	2
12---	56	17,485	312 $\frac{1}{2}$	Twenty-Second St. " "-----	1
13---	18	11,164	620 $\frac{1}{2}$	Suicide,-----	3
14---	26	14,839	570 4-5		
15---	30	21,078	702 $\frac{1}{2}$	Total,-----	489
16---	20	15,465	773 $\frac{1}{2}$		

ON THE MEDICINAL USE OF PHOSPHORUS AND ITS COMPOUNDS.—We take the following extracts from an article, with the above caption, by John C. Thorowgood, M.D., published in the *Practitioner*, for July, 1869:—

“Since the discovery and isolation of the element phosphorus by Brandt, of Hamburgh, in 1669, it has become the practice with physicians, in this and other countries, occasionally to prescribe this substance, as a remedy in cases where some special stimulant to the nervous centres has seemed to be required. Thus we find that phosphorus has been administered in cases attended with great prostration of the vital powers, as in the latter stages of typhus fever, also in such chronic diseases of the nervous system as epilepsy, paralysis, melancholia, amaurosis, etc., occurring in debilitated subjects; and there is good evidence to show that in many of these nervous affections, the effect of phosphorus, properly administered, has been beneficial. * *

“The well-known fact that in cases where an unusual degree of wear and tear of the nervous system is being sustained, it is common to find an excess of phosphatic matter excreted in the

urine, while the individual becomes increasingly weak, nervous, and irritable, appears to show that exhaustion of nervous force is in some way connected with a rapid oxidation and excretion of phosphorus from the system.

"Considering these points, we can see that there is reason in seeking to administer phosphorus, as an internal medicine, where we have reason to suspect that the nutrition of nervous matter may be failing, from a loss of its right proportion of this very essential ingredient.

"We give phosphorus for its restorative action over weak nerves, just as we give iron to nourish and restore blood that is weak and poor from lack of this constituent. * *

"For medicinal use, there are solutions of phosphorus in ether and also in almond oil. * *

"Another and very useful preparation of phosphorus is a pill, made by melting finely-divided phosphorus with fat and then covering the pill with an impermeable coating.

"Pills that I have seen and used, made by Messrs. Savory & Moore, contain 1-40th of a grain of phosphorus in each pill. Both Dr. Radcliffe and Dr. Althaus speak favorably of the good effect of phosphorus, given thus in very small doses, as a valuable tonic in many chronic nervous maladies. * *

"M. Tavignot, in France, has been in the habit of using phosphorus in the form of a pill, containing 1-70th of a grain, as a remedy in nervous, chlorotic, and strumous affections. In some neurotic and paralytic affections of the muscles of the eyeball and of the lachrymal nerve, M. Tavignot has used liniments and phosphorated oil with advantage; and, dropped into the eye, this oil is asserted, after some months' use, to have a solvent action on cataract. * *

"As a gradual tonic and restorer of failing nerve force, I prefer the hypophosphite of soda, or of lime, to the potash salt; and either of these salts appears to me to answer all the purposes of pure phosphorus, as an internal remedy, while, at the same time, they are more manageable and agreeable medicines. In cases of nervous depression and torpor, with at times shooting neuralgic pains, or, in other cases, numbness and deadness of the limbs, as from feeble circulation, the hypophosphites prove useful, and the lime or soda salt can be given according to the way in which the stomach may seem to bear the one better than the other. When anæmia is present, the citrate of iron can be added to the hypophosphite of soda, or else the syrup of the hypophosphite of iron, or of iron with quinine, can be employed; and either of these syrups will prove an active

tonic, removing neuralgic pains, chest oppression, and languor of circulation in a very evident way." * * —*Boston Med. and Surg. Journal*.—*St. Louis Medical Archives*.

TREATMENT OF EPILEPSY.—Dr. Brown-Séquard states (*Half-Yearly Abstract*) that his usual prescription for epilepsy is as follows:—

Iodide of potassium, one drachm; bromide of potassium, one ounce; bromide of ammonium, two drachms and a-half; bicarbonate of potash, two scruples; infusion of calumba, six fluid ounces. Mix. A teaspoonful of the mixture to be taken before each of the three meals, and three teaspoonfuls at bedtime, with a little water.

In syphilitic cases he increases the amount of iodide of potassium. In administering the bromides it is necessary to give a relatively larger dose at bedtime and smaller doses in the day, if sleepiness is caused. The medicine should be pushed till anæsthesia of the fauces is produced, and an acne, like eruption, appears on the face, neck, and shoulders, etc. The bromides should be continued for fifteen or sixteen months after the attacks have ceased. An occasional purgative ought to be given, and if any debility be produced by the use of the bromides, wine and nourishing food should be used, with cod-liver oil, arsenic, strychnia, etc., and the cold douche or shower-bath employed.—*St. Louis Med. Archives*.

THE efforts to establish a library for the American Medical Association, at Washington, we are happy to say, are successful; and the profession are requested to bear in mind that all works deposited there are in excellent keeping, and that the movement will be of great service in the establishing of the medical literature of America.—*Buffalo Med. and Surg. Jour.*

DR. J. A. ROSS reports, in the *Lancet*, a case of death in the Staffordshire Infirmary, from the administration of 20 drops of chloroform. The patient was a miner, 50 years of age, upon whom an operation was to be performed. The chloroform was pure, and was given by means of a cone lint. The pulse stopped suddenly, and the most persevering use of all appliances for restoring animation proved unavailing. The autopsy showed the heart to be rather large and flabby, but otherwise free from disease. The other organs were normal.—*Buffalo Med. and Surg. Journal*.

EFFECTS OF COPPER ON THE SYSTEM.—In a paper read before the Clinical Society of London, Dr. Clapton gave some interesting information concerning the effects of copper upon the system of workers in that metal. The presence of “distinctly marked green stains on the teeth, close to the gums, bluish-green perspiration, hair of a greenish hue, in old workmen, and green discharge from old ulcers,” were described and exemplified by the presentation of patients and specimens. These phenomena were shown to be probably the results of absorption, assimilation, and elimination of the metal. It is a singular fact that workers in copper not only are free from any specific poisoning beyond a tendency to muscular debility, but that they escape cholera and choleraic diarrhœa, even in localities where those diseases are epidemic.—*N. Y. Medical Gazette.*

EXCESSIVE OPIUM EATING.—Dr. A. T. Schertzer, of Baltimore, Md., relates the case of a lady, 28 years of age, who had consumed in two years, *five thousand eight hundred and forty ounces* of laudanum, and spent *eleven hundred and sixty dollars* in purchasing it. Without pretending to hold her attending physician to an unjust responsibility, the question naturally occurs, as to whether or not this heroic consumption and lavish expenditure might not have been prevented by the employment of judicious means, in the first instance? Medical men should always bear in mind that this dangerous habit is easily acquired, and should guard, as far as possible, against it.

“While attached to the Medical Corps of the Navy,” says Dr. S., “I have frequently met with natives of the East Indies who consumed opium with a voracity equal to that of the lady in question, but have never known a similar instance in this country.”—*Medical and Surgical Reporter.*

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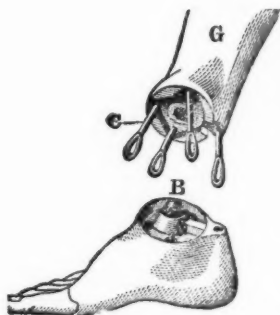
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